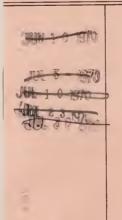


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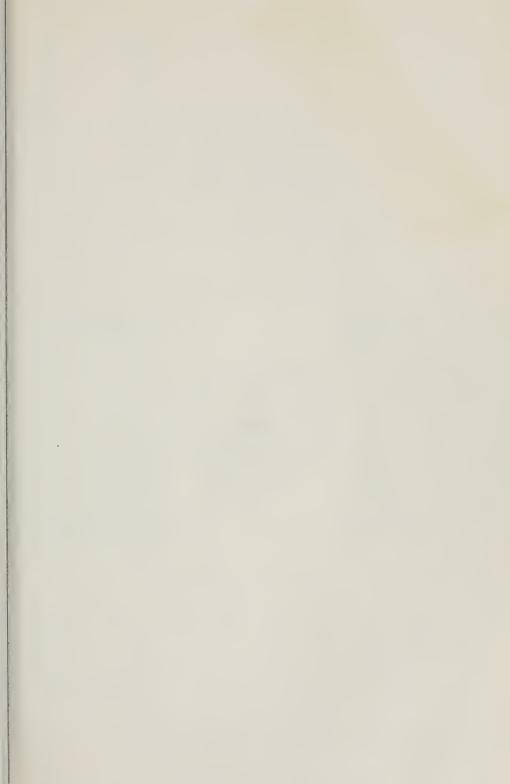


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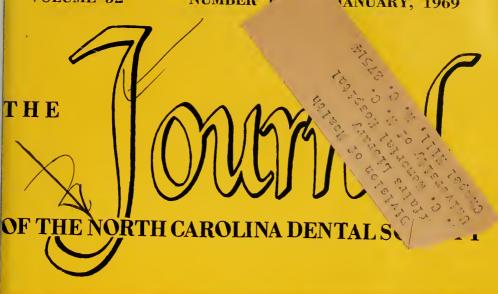
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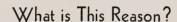


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THE JOURNAL

of

The North Carolina Dental Society

(A Constituent of the American Dental Association)

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In grateful appreciation this issue is dedicated to . . .



Darden J. Eure, D.D.S. Morehead City

Darden Eure once considered the ministry as a career, but later decided on dentistry. The people of North Carolina have been the beneficiary of that decision. Certainly, it is difficult to see how he could have served better in any other field.

Dr. Eure has been a dedicated servant to his community, his patients, and his profession. He has distinguished dentistry in his town as a member of the Board of Health, the school board, Rotary, and as a leader in his church. Because of the example he has set, students have been led to careers in dentistry.

He has been a leader of our Society, having held many district and state offices including chairman of the executive committee; president of the Board of Dental Examiners; president-elect and president of the North Carolina Dental Society. His wise counsel is sought when there are decisions to be made, and he has led our organization successfully through trying times.

Darden Eure is a gentle, kind, and sincere man. His life has been one of dedication to his profession, and service to his fellow man.



The President's Page

The North Carolina Dental Society is indeed fortunate to have in its midst a group of men dedicated to the purpose of first serving the membership. This was certainly shown again by dedication to important business as exhibited at a recent meeting of the American Dental Association in Miami. Not only did the delegates attend all sessions but the alternates were present for most sessions.

Many important actions will be discussed in greater detail in a later *Newsletter* or report to the House of Delegates. Among these was the manner in which the North Carolina resolution was shepherded through the closing session of this October meeting. Generally considered defeated before it was discussed, active floor participation by your delegation and skillful discussion by Roy Lindahl turned defeat into victory.

There was a feeling the American Dental Association had no right to be in the finance business and this was exhibited by a defeat of the requested dues increase. After much discussion, a change in the voting procedure, and a reduction in the amount requested, the fifteen dollars which was reflected in your recent statement did successfully pass the House of Delegates.

This increased cost of operating all organizations is being reflected by a rise in membership fees, a fact of which you are already aware. If we are to maintain our present services to the North Carolina dentists it appears this may become a factor for our House of Delegates to debate in May.

When you gave me the honor and an opportunity to serve as your President I had some doubts about the North Carolina Suite in the head-quarters hotel during the national meeting. All of these have been dispelled since I was privileged to host this room in Miami. You owe it to yourself to plan a visit when we are together in New York next fall. This is by far one of the most important and happiest services our Society furnishes its membership.

Do mark off the dates May 11-14 in your 1969 calendar, for these days are to make North Carolina dentists better informed. The program is designed around the idea of "Better Dentistry for Better Dentists." This is in keeping with the thought that permeates most meetings of organized dentistry today, to provide continuing education for its membership.

COLIN P. OSBORNE, JR.

Editorials

QUO WARRANTO

The members of the dental profession can be proud of the specialty of Oral Surgery. Their training is established according to the standards set up by the Council on Dental Education of The American Dental Association and monitored by The American Board of Oral Surgery. This training program is comparable to the finest training programs of medicine or dentistry.

At the present time, factors exist which have a tendency to fragment oral surgery from dentistry and implant it in the field of medicine. These factors are:

- 1. The ever encroachment in scope of oral surgery by some medical specialists.
- 2. The restriction of hospital privileges to the oral surgeon who does not possess a medical degree.
- 3. The restrictions of the third party payments to only those who possess the medical degree.

Oral Surgery is closely related to all types of dental service, inasmuch as surgery of the mouth frequently involves loss of teeth with consequent impaired function, and requires careful consideration of physical, mechanical, and esthetic results. It is obvious that the dentist who has been adequately trained in the principles of oral surgery and in the application of these principles is far more competent to make a correct diagnosis and render surgical service than is the physician who has had no dental training.

Doctor Simon P. Hullihen, the first United States oral surgeon, summed it up well when one hun-

dred twenty-three years ago he said: "The dentist must carry upward the standard of his profession and plant it upon the broad platform of medical science; he must claim for himself and his profession the same respect and importance awarded to other branches of the healing arts, and that too, upon the same ground—the ground of a thorough scientific education."

A MAN AMONG DENTISTS

How many times have you taken a minute from your busy practice and asked yourself if you could not contribute more to this world? Dr. Fred Miller did. The idea of using people resources instead of a sometimes wasteful show of dollars made sense and he acted.

After answering an ad in the April 1967 A.D.A. Journal he was contacted in December 1967 and was approved to serve two months with the ship HOPE beginning the second week in June 1968. Dr. Miller's assignment was to teach operative dentistry in the University of Ceylon Dental School. Having only a few months to take care of the many details of leaving his family and his busy practice filled Dr. Fred's every minute.

THE MEDICAL COLLEGE OF VIRGINIA graciously came to Dr. Miller's aid by supplying him with teaching materials, slides, and manuals for use at his discretion and to be left with the Ceylon Dental School as a gift from Virginia.

Dr. Miller had the distinction of being the first dentist from North Carolina to serve on the ship HOPE. The dentists of North Carolina owe a debt of gratitude for his unselfish representation of all of us.

Letters to the Editor

August 10, 1968

I was shocked to learn of the recent death of Dr. Clyde Minges, Past President of the American Dental Association. Clyde was a friend of mine, thoroughly devoted to his profession and to the dental organizations of which he was a member, and while one may not have agreed with him on all positions he took, he had the courage of his convictions and was respected for it.

While I preceded Clyde by some ten years as President of the American Dental Association, I knew him for many years as a delegate from North Carolina who did much in that position to further the interests of his state and national organizations. These efforts occurred with, or following the footsteps of such outstanding men as Martin Fleming, Paul Jones, Henry Lineberger, F. L. Hunt, J. A. McClung, Wilbert Jackson, Frank O. Alford, and others too numerous to mention.

As Senior Past President of the American Dental Association, I offer this short eulogy of Clyde for such use as you may decide to make of it. It is the least I can do in Clyde's memory.

In passing, I might mention that I have always had a very tender spot in my heart for the Old North State, not only because of its support of my administration, but in

view of the fact that my Grandfather, Grandmother, and Mother were born there, and many happy days have been spent by Mrs. Camalier, and our children and grandchildren at Elizabeth City and old Nags Head.

Mrs. Camalier and I hope to be at the meeting in Miami Beach.

C. WILLARD CAMALIER, D.D.S. WASHINGTON, D. C.

OCTOBER 9, 1968

It was with great pride and appreciation that I received the September issue of the NORTH CAROLINA DENTAL JOURNAL which was dedicated to the memory of my husband, Livious D. Herring. Our son and daughter and Livious's father and brothers were quite proud and pleased, also. I don't know who composed the dedication, but it was beautifully written and means so much to us who loved Livious.

Livious was always interested in organized dentistry and tried to promote goodwill with his fellowman. He would have been pleased, to say the least, with this dedication. In his love for the dental profession, Livious felt he could never give too much time in effort spent for organized dentistry. He enjoyed the time and work and, certainly, the close association with the members of the Society. He was honored

to be a member and to be elected Secretary-Treasurer of the North Carolina Dental Society. No one could have been more grateful than he was for the many wonderful friends that he had among the membership of the North Carolina Dental Society.

My warm appreciation for the dedication.

Mrs. L. D. Herring Raleigh

OCTOBER 31, 1968

DR. JOSEPH M. JOHNSON SECRETARY-TREASURER NORTH CAROLINA DENTAL SOCIETY

DEAR DOCTOR JOHNSON:

Will you as Secretary please express my sincere thanks and appreciation to the officers and members of the North Carolina Dental Society for their many kindnesses and courtesies to me during these

last thirteen years? I have never worked for a nicer, finer, or more understanding group.

The job was a challenging one and at times a hard and often tiring one, but always rewarding. As I think back over the years, I realize that the long, hot, and often tiresome times fade away into only short years of the happiest time of my life.

I appreciate also the many expressions of appreciation and gratitude I have received. The sincere understanding of the membership of my decision to leave a job I have loved has made my departure much easier, but at times even harder.

I appreciate too the very nice thoughts expressed by the five districts as I attended my last meetings and their kind invitations to visit with them in future years.

I close by saying "thank you all for thirteen wonderful years."

MIRA D. RIDDLE

Atlas of Diseases of the Oral Mucosa. By J. J. Pindborg. 215 pp. 176 illustrations. Indexed. W. B. Saunders Co., Philadelphia, 1968.

A clear, concise, and systematic atlas of the diseases of the oral mucosa.

Pindborg has cliniced internationally with practitioners and is significantly cognizant of their day-to-day problems and interest. The author has taken these communicative experiences, his own clinical judgements, his vast experience as a pathologist, and the skills of a true educator and prepared a must for every dental office.

The descriptive text is based on and supported with excellent illustrations featuring sections cover-

ng:

- (1) Infective and Parasitic Diseases
 - (2) Neoplasms
- (3) Endocrine, Nutritional, and Metabolic Diseases
- (4) Diseases of the Blood and Blood Forming Organs
- (5) Diseases of the Nervous System and Sense Organs
- (6) Diseases of the Circulatory System
- (7) Diseases of the Respiratory System
- (8) Diseases of the Digestive System

- (9) Complications of Pregnancy, Childbirth and the Puerperium
- (10) Diseases of the Skin and Subcutaneous Tissue
- (11) Diseases of the Musculoskeletal System and Connective Tissue
 - (12) Congenital Anomalies
- (13) Symptoms and Ill-Defined Conditions
- (14) Accidents, Poisoning, and Violence

Pathology in Dentistry. By Alvin F. Gardner. 341 pp. Illustrated and indexed. Charles C. Thomas, Springfield, Illinois, 1968.

The author presents a text divided into twelve chapters, basic in its approach to oral manifestations and pathology of systemic diseases. Very descriptive and detail gross pathological specimens, as well as clinical and roentgenological contributions are used in the text. These are supported by hystopathological illustrations.

The absence of color limits very markedly the value of all four of these aids to the descriptive text.

The reviewer would offer the opinion that the book would be useful as a basic text but would have little usefulness to the practitioner.

Surgical Correction of Maxillary Protrusion



PRE-OPERATIVE OCCLUSION.



PRE-OPERATIVE.



POST-OPERATIVE. Six weeks.



POST-OPERATIVE.

By Clifford H. Prince, Jr., and

A. Breece Breland

Doctor Prince is a Captain in the Dental Corps, United States Navy, and the Chief of the Oral Surgical Service, U.S. Naval Hospital, Pensacola, Florida.

Doctor Breland is in the private practice of dentistry in Charlotte.

The opinions or assertions contained in this article are the private ones of the writers and not to be construed as official or reflecting the views of the Navy Department or the naval service at large.

In recent years, surgical correction of maxillary deformities has begun to receive more attention by oral surgeons in the United States. European oral surgeons have been doing these procedures for the past twenty-five or thirty years. Wassmund, Trauner, Kole and Obwegeser have written many articles and published many cases in the European literature and now these articles are beginning to appear with more regularity in America.

In the management of these patients, we believe that consultation and cooperation with the orthodontist is essential. Some of the factors which should be considered are:

- 1. Motivation of the patient.
- 2. Age of the patient.
- 3. Time factor.
- 4. Severity of the deformity.
- 5. The condition of the posterior teeth.
 - 6. Economics.

The surgical treatment of malocclusion is determined by patient evaluation, study of models, and consideration of cephalometrics and facial radiographs. The surgical echnique that we used is similar to that reported by Professor Hugo Obwegeser at the University of Zurich in Zurich, Switzerland with some slight modifications.

On August 5, 1968, a 19 year old active duty Wave was referred to the Oral Surgical Service for the correction of her Class II Malocclusion. The patient's chief complaint at time of admission was inability to properly incise and masticate her food and the inability to close her lips together without undue tension. She was given a routine admission examination which was within normal limits with the exception of her dental problem. Our clinical examination revealed that the patient had a rather severe Class II Malocclusion. The teeth were in a good state of repair and the oral mucosa and gingival tissue appeared healthy. The surgical procedure was explained to the patient and she was enthusiastic and motivated for this treatment. After a very careful evaluation was made of the radiographs and study models, it was determined that the maxillary first bicuspids should be extracted. Approximately 6 millimeters of bone could then be removed from the maxilla and the anterior fragment containing the six anterior teeth could be moved posteriorly into a new position and occlusal relationship.

On August 12, 1968, the patient was started on prophylactic antibiotic therapy using terramycin 250 milligrams every six hours. She was also started on varidase, two tablets q.i.d.

On August 13, 1968, in the Oral Surgery operating room, the patient was premedicated with 100 milligrams of demerol and 25 milligrams of phenergan I.V. She was



PRE-OPERATIVE. Incisor relationship.



POST-OPERATIVE.

prepared and draped for intra-oral surgery. Using local anesthesia, the maxillary first bicuspids were extracted. Using 26 gauge stainless steel wire ligatures, maxillary and mandibular arch bars were applied. The maxillary arch bar was in three sections. The patient tolerated these procedures well and was returned to the ward in good condition.

On August 14, 1968, in the main operating room under satisfactory endotracheal anesthesia, the patient was prepared and draped for intraoral surgery. After a throat pack was inserted, local anesthesia containing Epinephrine 1:100,000 was infiltrated in the labial and palatal mucosa for hemostasis. On the right side an incision was made vertically from about the distal surface the right maxillary second bicuspid approximately 2 cm. into the buccal mucosa. The muco periostal flap was carefully reflected anteriorly until the lateral wall of the pyriform fossa was identified.

Using the Hall surgical drill and



POST OPERATIVE. Six weeks.

osteotomes, approximately 6 mm. of bone was sectioned through the maxillary alveolar ridge into the hard palate. Using a tunnelling procedure, the palatal mucosa was carefully elevated and the cuts were extended to the midline. All of the bone which was removed was saved and wrapped in saline gauze to be used as a free bone graft later on.

When the vertical cut had been completed, a horizontal cut was carried from the height of the vertical cut anteriorly into the lateral aspect of the pyriform fossa. An incision was made vertically in the midline and a portion of the nasal cartilage was removed and with an osteotome the nasal septum was fractured. This incision was closed with 3-0 surgical gut suture. The vertical and horizontal incisions were carried out on the left side. The premaxilla was mobile and could be easily moved posteriorly and fitted into its new position, using a previously constructed interocclusal splint. After careful hemostasis had been carried out, the throat pack was removed. The patient's occlusion was reestablished using intermaxillary elastic traction and intermaxillary wires. The bone which had been saved was used as a free graft and placed into the defects which had been left after the cuts. The oral mucosa was brought into its new position and sutured with 5-0 tevdek. The patient tolerated the surgical procedures well and was sent to the recovery room awake and in good condition.

The fragment was maintained in this position and the jaws were immobilized for six weeks. The antibiotic therapy was continued for ten days.

The patient had an uneventful postoperative period with a minimal amount of postoperative pain and edema. During the period of immobilization, the patient's dietary needs were met with a high calorie, high protein, high mineral and high vitamin liquid diet.

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RESULTS: The functional and



PRE-OPERATIVE. Application of maxillary and mandibular arch bars.



JAWS IMMOBILIZED with teeth in interocclusal splint



SURGICAL SITE, showing vertical and horizontal cuts

esthetic results of the surgical procedure was excellent. The patient's personality underwent a noticeable change after the surgery. She was highly pleased with the results. Six weeks after the surgery, none of the anterior teeth in the maxilla responded to the electric pulp tester. However, it has been our experience that within six months of the time of surgery the teeth will usually give a normal response.

COMMENTS: This case is presented to demonstrate a method by which reduction of maxillary protrusion may be accomplished. In carefully selected cases, improvement in function and appearance may result. As in all elective surgery, the candidate for the procedure should

be carefully screened. Careful study of the occlusion, the deformity and the maxilla prior to the operation are essential to success. During this period of study, a decision must be made as to the method of operation. fixation, and route of approach. Oral health must be brought to optimum level, and the general health of the patient determined. Surgical corrections of malocclusions are interesting and challenging procedures for the oral surgeon. However, adequate planning and careful surgery are absolutely essential if satisfactory results are to be obtained in these cases.

U. S. NAVAL HOSPITAL PENSACOLA, FLORIDA

Surgical Orthodontics—

Some New Answers to Old Problems

By W. Joseph Porter

MEMBERS of the dental profession should be aware of the variables in the base developmental disharmony of the facial skeleton. Very recently it has been discovered that many orthodontic problems can best be treated with a surgical approach. This is not to say that the echnics used by the orthodontist s not satisfactory but that a complement to his treatment may have been found. The same thing can be said of the oral surgeons. The individual who benefits is the patient.

Surgery can simplify orthodontic reatment in many ways but it is nost helpful along the line of operation on lips, movement of embedded teeth, mandibular body, symphysis and maxillary apical base. With better understanding of the combined treatment, there will be fewer failures, greater efficiency, and fewer risks in therapy. The use of orthodontic therapy is based on a treatment plan and evaluation.

This may include patient evaluation, study models, and consideration of cephalometrics and other radiographics.

The cephalogram is helpful because the profile is reproduced to actual size. It enables the one treating the patient to determine the exact location of the disturbance. To evaluate a faulty maxillamandibular relationship, requires thorough investigation because one might think the maxilla at fault, where it might be the mandible. Thus many diagnostic difficulties are met and this is the reason that a combined effort of both the orthodontist and surgeon is necessary. The proper interpretation of the cephalogram must be done by both orthodontist and oral surgeon in order to treat difficult problems. There are certain points which are of prime importance. These are illustrated and defined as shown in Diagram I.

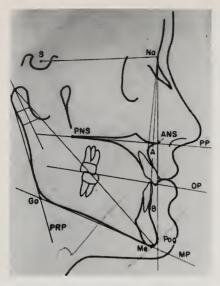


DIAGRAM I.
CEPHALOMETRIC LANDMARKS

The nine craniofacial landmarks are as follows:

Sella (s)—The midpoint of sella turcia determined by inspection.

termined by inspection.

Nasion (na)—The most anterior point of the nasofrontal suture.

A-point (a)—The deepest point on the anterior contour of the maxillary alveolar process.

B-point (B)—The deepest point on the anterior contour of the mandibular alveolar process.

Menton (Me) — The lowest point on the symphyseal shadow observed in the lateral cephalogram.

Anterior nasal spine (ANS)—The most anterior point on the anterior nasal spine.

Pogonion (Pog)—The most prominent point of the bony chin determined by inspection. Posterior nasal spine (PNS)—The posterior projection of the horizontal plate of palatine bone at the midline.

Gonion (go)—As used in this study, the point of intersection of the mandibular and posterior ramal planes.

Palatal plane (PP)—Determined by connecting ANS and PNS.

Occlusal plane (OP)—A plane that approximates the buccal segments of the molars and divides the anterior overbite or open

Sella-gonion (S-Go).

SNA—Angle formed by connecting sella nasion, and B-point.

ANB—A positive angle denotes A-point more anterior than B-point or SNA larger than SNB. A negative angle denotes B-point anterior to A-point on the lateral cephalogram.

Sella-nasion-mandibular plane (SNA-Pog) angle.

Nasion-sella-gonion (Na-S-Go) angle—This angle is measured by the direction noted; thus, a large angle would tend to place gonion posteriorly, whereas a smaller angle would tend to place gonion anteriorly.

The orthodontist primarily deals with occlusion, although facial changes do play a part in his decisions. There are limitations of orthodontic appliances and their treatment. It is not possible to influence either the body of the mandible or the ascending ramus with orthodontic appliances. It is possible with cephalometric study to determine that the orthodontist cannot achieve the desired results. This is true often in older patients with whom the oral surgeon can have better success.

Indications for combined or thodontic — surgical treatment.

1. Maxillary prognathism -

overdevelopment of middle region of face.

- 2. Mandibular prognathism to overdevelopment of lower third of the face.
- 3. Developmental disturbances in a vertical direction.
 - A. Open bite.
 - B. Closed bite.
 - 4. Macroglossia
 - 5. Bilateral crossbite
- 6. Developmental or traumatic disturbance to the condyle lack of growth.

Maxillary Prognathism

This is found in many adults where it is not practical to treat orthodontically. The reason being

either professional, socialogic, psychologic, or financial. It is often necessary to surgically move the mandible forward in this procedure.* Each patient of this type presents different problems and must be evaluated on individual basis as to exact technique.

Mandibular Prognathism

This is the area in which oral surgeons have had the most experience. This can be done by various approaches. It must be first diagnosed as to whether it is a true skeletal prognathism. If this is the case, then oral surgeons can be of great value. However, if it is a matter of dentition, then it can be treated early by the orthodontist with good results. This type is best treated in the mixed and deciduous dentition. The tongue must also receive attention as it is often necessary to remove a portion of it to allow for more room. This will accomplish a better result. The methods that are common are the Obwegeser approach, the ramus approach or sliding osteotomy and the body technique. The Obwegeser approach nvolves an intra-oral through the ramus. It is shown in the following Diagram II. echnique has been modified from the original technique. It has the advantage of not leaving a scar.

The sliding osteotomy technique s done by an extra-oral or intra-oral approach and has been popular. It gives excellent results and has proven highly successful. The technique can either be one of vertical cutting or horizontal. This depends on the amount of movement and desires of operator.

The technique through the body



DIAGRAM II.

can either be done intra-orally or extra-orally. It is not as popular as it once was because it is a difficult surgical procedure and requires more time. Another disadvantage is the involvement with the inferior alveolar nerve which can damaged and cause paresthesia. This is usually temporary. The patient is more uncomfortable with this technique and this is a factor which must receive recognition.

Open Bite

An open bite that may be caused by a habit such as thumb sucking, tongue thrusting, holding objects in mouth, etc., can best be corrected by means other than surgery. The cause is important in the diagnosis. Discovery of the cause may eliminate any further treatment.

A skeletal open bite is another problem. This must be diagnosed correctly and then treated properly. Many times, an unfavorable swallowing pattern will be the cause. This can be helped by evaluating the tongue. In many cases it will be found to be enlarged. Excision of a part of the tongue will aid in the treatment. This is not a difficult operation and can be done with

^{*}This technique is described in detail in Captain Prince's article included in this issue.

good results. It is a hemorrhagic operation and must be done with this in mind. The tongue is very vascular and thus precaution should be taken to arrest hemorrhage either with cautery or tying off vessels. Another consideration is the swelling of the tongue post operatively. This can be handled with proper care.

Movement of Embedded and Impacted Teeth

The surgeon can be of great assistance with this problem. Many teeth that were removed by the orthodontist can now be salvaged and brought into the oral cavity. It requires patience by the orthodontist as well as the surgeon. The patient must be informed prior to treatment so they have an understanding of the problem. Many cuspid teeth can be brought into position by exposure and wiring. I believe that the best and surest way is to wire them rather than placing of metal buttons or hooks to the teeth. This is a matter of preference and must be left to the operator as long as the desired results are accomplished.

A very interesting problem along this line has arisen recently. This is concerned with the inverted maxillary left central incisor. It is rather unusual to find this tooth in such a position but it does occur. Up until recently this tooth would have been removed and considered as lost or left to erupt in an unusual and nonuseful manner. However, through the efforts of the orthodontist consulting with the surgeon it was felt that the tooth could be rotated into position. After first surgically exposing the tooth, a wire is passed around the tooth. The wire is .010 or .012 stainless steel wire. The wire



DIAGRAM III. Panarex view. Pre-operative.



DIAGRAM IV. Panarex view. Wire in place.

loop is tightened and left with a "pig tail" type of extension into the oral cavity. The orthodontist then attaches traction to this wire and

moves the tooth into position in the oral cavity. The tooth is also uprighted at the same time. This procedure is not without some difficulty for both the orthodontist and surgeon but can be accomplished with excellent final results. Such a procedure is seen in Diagrams III and IV.

The length of time is approximately seven to nine months from start to completion of case. We have now been involved with four such cases and all have had excellent results. It points out very clearly that this could not have been accomplished by the orthodontist alone or by the surgeon alone. The joint cooperation gave the needed results and the one who benefited was the patient.

Summary

The orthodontist uses time and growth factors to recontour the facial-dental anatomy. He is a careful and critical analyst of inter jaw disharmonies. Surgical orthodontics attracts the attention of clinicians, both surgeons and orthodontists. Facial deformities are corrected with better knowledge and skill. The different philosophy and technics between oral surgeons and orthodontists allow a vast range of treatment procedures.

There are many situations in which a combination of treatment will give excellent solutions to difficult problems. The use of the knowledge and talents of two of the largest and oldest specialties of dentistry will result in many new advances in technique and results. The principles and risks involved in both oral surgery and orthodontia deserves mutual concern. Oral surgeons and orthodontists are now involved and have been involved in regional conferences throughout the United States. This exchange of ideas has proven beneficial for both specialties.

With continued mutual understanding of concepts and procedures between the specialties, fewer failures will result. Thus, the efficiency is improved; the risk minimized.

Correctional procedures by the orthodontist and oral surgeon must be coordinated if difficult dentafacial abnormalities are met. This therapy will satisfy patient demands and serve the public with less difficulty and legal ramifications. This is what we are all striving to achieve.

315 RANDOLPH MEDICAL CENTER CHARLOTTE, 28207

A Practical Approach

to the Third Molar

The third molar is probably the most troublesome tooth in the field of dentistry. Hundreds of articles have been published concerning the technics for removal of this tooth, but only a few deal with the rationale for removal or reasons for retention. It is not the purpose of this article to discuss any of the technics for the removal of third molars. The eruption or failure of eruption of these teeth, has great effect upon all fields of dentistry.

Why the Dentist's Dilemma

The general dentist, when faced with the problems of eruption or non-eruption in the third molar area is at a loss to arrive at a logical process of therapy. This is true unfortunately because in most teaching institutions there has been no basis for procedure established in dealing with third molar problems. This is probably true because in any teaching institution, the different departments of dentistry look at the third molar area in a different light. It is important that individual practitioners of dentistry be ready to answer problems relative to the third molar area and should stand ready any time to outline and propose a logical procedure to his patients.

Anatomical Reasons

The third molar area from an anatomical standpoint differs from other areas of the oral cavity. This is particularly true of the mandibular third molar. The mandibular third molar lies in the masseter space, a potential space formed by the facial planes encompassing the masseter muscle and the internal pterygoid muscle extending up the ramus of the mandible. The apical ends of the roots of the developed mandibular third molar are very frequently in close approximation to the inferior alveolar canal. Frequently the tooth is passed immediately in the ledge of the mandible which extends out over the paralingual space. This means that many of the mandibular third molar teeth are covered by a very thin cortical bony plate at the apical portion of the roots. This results many times in root fragments being shoved into the paralingual space at the time of attempted removal. The role of infection in the mandibular third molar area is somewhat different from infections associated with other teeth in the mandible because of being in the masticator space area. This location allows infection to travel superiorly and laterally or medially to the ramus of the mandible producing muscle spasms and trismus. If infection transgresses through facial boundaries it may invade the lateral pharyngeal space and thereby travel into the mediastinum. The maxillary third molar is located in close approximation to the maxillary sinus and the pterygoid plexes of veins which communicates directly cranial cavity. It is easy to see that infection in the third molar areas has a much more serious connotation than any other area of the oral cavity.

Early Detection

Doctor Broodbent in 1943 set forth a four hypothesis that should be as much a part of the dental mental armamentarium as the eruption dates of the permanent dentition. He stated that at the time of

the permanent teeth, if supporting bones are not harmonious in size with the dental organs, then the teeth assume the position similar to that occupied within the bone at a younger stage. In proportion to the degree of retardation of the supporting bones, the teeth are forced into a greater or lesser degree of malposition. He also stated as soon as the occlusal surface of the mandibular third molar is complete the long axis of growth of crown and root formation can be established. He stated that the crown portion has a well calcified outline at fourteen years of age. He further stated that important changes in axial inclination of the mandibular third molar takes place between sixteen and eighteen years when the roots move abruptly forward in the bone indicating the approach of the tooth to the adult axial position. All parts of the body are subject to the influences of heredity and environment from conception to full maturity but the teeth only until the size of the crown is determined. Thereafter, all accommodations must be done by the surrounding structures. The eruption of the mandibular third molar is allowed by the growth of the mandible in the retramolar area. After sixteen years of age further growth in this area is negligible. A comparison of tooth and bone structure at sixteen years of age would determine if sufficient space were present for the third molar.

Function & Disfunction of Third Molar

In light of the brief discussion of growth and development of the third molar area we should take a brief look at the third molar in view of function. The function can be divided under two headings. That is the function under normal condition and function under pathologic conditions. Assuming the third molar has gained entrance into the oral cavity in a relatively normal position there are facts that are known. It is difficult for the patient to maintain good oral hygiene in this inaccessible area and a third molar tooth is very susceptible, therefore, to dental caries. It usually results in early extraction of the tooth because it is impractical many times to restore a tooth in this inaccessible area. Even though the third molar may erupt into relatively normal position with its opponent, there are many instances on record showing that the prematurities in contact in centric or lateral movements of the mandible in the third molar area are prime courses of traumatic occlusion resulting tempro-mandibular joint dysfunctions.

Under pathologic function of the third molar, the most benign condition is where the third molar has erupted in an unfavorable position with the second molar. This results in a food pocket between the second and third molar usually causing dental caries of the second molar or periodontal pocket formation. Pericoronal infections occur frequently in association with the tissue flaps of partial erupted or impacted third molars. The associated inflammatory reactions are often profound and spread from the tissue flaps to adjacent structures. Periostitis, osteomylitis, trismus cervical lymph adenities with periotonsilar and pharyngeal abscesses are sometimes complications of the original pericoronitis. Any tooth completely unerupted may undergo epithelial degeneration of its formative organ with resultant follicular or dentigerous cyst which often grow to considerable size and destroy large portions of the maxilla or mandible. Neuritis or diffuse neuralgias may develop from pressure of the developing root on nerve trunks. Every practicing dentist has seen radiographic evidence of resorption of adjacent tooth roots from prolonged retension of impacted third molars. Crowding of existing dentition and malocclusion resulting from third molars has been debated but some cases seem very convincing. Though it is rare it must be remembered that the enamel producing cells of underdeveloped third molars may become neoplastic.

Factors In Removal

The removal of impacted third molar teeth is no longer generally a formidable or complicated surgical procedure when done by trained personnel. This is particularly true in the younger age groups from eighteen years of age to twenty-five years of age. However, it should be pointed out that a benign procedure

with minimal morbidity can be a very serious procedure with a great morbidity in the geriatric group. In the older age groups, the patient's ability to withstand a mandatory oral surgery procedure might be greatly jeopardized by pre-existing disease in other body systems and organs. It is known that around age fifteen to sixteen further growth in the retromolar area is negligible. Shortly after this period in life an evaluation of the third molar area can be made at approximately age eighteen. It should be determined at this time whether or not the third molar teeth are going to erupt into a reasonably functional position or whether they are going to be a source of discomfort and pathology in the future. It is no longer acceptable for dentists to inform patients that their mouth is in a state of health unless a third molar examination has been completed. The old adage of "let a sleeping dog lie" is no longer acceptable in dentistry as it is known today.

Obligation to Patient

The dentist is obligated to his patients to give them a definite answer regarding their prognosis or the prognosis of their oral health. This means preventing them from the pathologic sequela of unerupted

or impacted third molar teeth. An abnormally positioned tooth is a pathologic situation. This must be determined by the dentist and the tooth must either be allowed to remain or it should be removed. Only rarely is there any justification for watchful waiting. The osseous defects created by the removal of impacted third molars, in the latter teens or early twenties age group, heal promptly with little or no mobidity or complications. The cortical bone in the third molar area in the younger age group is much less dense than it is in the older age group, thereby facilitating the removal of the third molars in younger age groups.

No longer is there any reason for mystery or magic to shroud the third molar problem. Rather it is a duty of any good practitioner of dentistry to advise his patient early regarding the third molar situation in his particular mouth. From a study of growth and development it is possible that this evaluation can be made early in the life of an individual and thereby prevent many of the pathologic sequela inherent with prolonged retention of malposed third molar teeth.

315 Randolph Medical Center Charlotte, 28207

of

Mandibular Deformities

MODERN day correction of maxillo-mandibular deformities dates back to 1849 when Hullihen first corrected an open bite resulting from a burn with subsequent scar contracture. Since that time, a great number of surgical methods have been devised and tried in an attempt to correct these deformities.

Heredity, evolution and regression, and environmental influences may be laid at the doorstep of mandibular deformities. Under these categories one can list causes such as:

A. Congenital deformities:

- 1. Asymmetry due to abnormal molding during the embryonic development.
 - 2. Micrognathia
- 3. Ogenesis of the condyles and ramus.

B. Developmental deformities:

- 1. True prognathism over-developed mandible.
- 2. False prognathism underdeveloped maxillae.
 - 3. Apertognathia open bite
 - 4. Retrognathia micrognathia
- 5. Asymmetry unilateral disturbance of condylar growth by infection, trauma, etc.
- 6. Hemi-hypertrophy mandibular or facial.

C. Environmental Deformities:

- Infection osteomyelitis, etc.
 Trauma missil wounds —
- Trauma missil wounds avulsions.
- 3. Operating defects resection of benign and malignant tumors, removal of cysts and sequestra.

D. Degenerative Deformities:

1. Alveolar astrophy secondary to periodontal disease and/or loss of teeth

The developmental deformities will be the main consideration of further discussion. There can be little doubt that a desire to improve their appearance is the major motivating factor that prompts individuals to seek treatment. These people are invariably self-conscious of their appearance and often have accompanying personality problems.

From a physiologic point of view, there are to be sure, functional deficits. The patient may complain of the inability to masticate certain "chewy" foods and of the attending embarrassment when attempting to do so. The dentist may see destruction of the dentition and/or periodontium as the result of the malocclusion and destructive forces of mastication. The prosthodontist may view the deformity in lieu of the construction of prosthetic appli-

ances and the attending difficulties due to malaligned alveolar processes.

The literature is replete with arguments as to whether these developmental deformities are primarily defects of the oral cavity with the facial deformity secondary or vice versa. Arguments such as these seem unwarranted from a practical point of view. Both esthetic and functional considerations must be considered in developing a mode of treatment or indeed in justifying treatment at all. Other symptoms for which surgery may be indicated include speech difficulties, relief of TMJ dysarthrosis, neuralgic pain and the facilitation of prosthetic construction.

In selecting a given operative procedure, a thorough evaluation of the patient and his deformity must be made.

Paramount in pre-operative consideration is that these corrective procedures should never be "sold" to a patient. After deciding that surgery can be of benefit to the patient, the procedure should be thoroughly explained to the patient. He should be told not only of the benefits but also of the risks, inconvenience, discomfort and adjustments necessary on his part.

Only after thorough understanding and mutual agreement should surgery be undertaken

The oral surgeon, orthodontist and prosthodontist should consult and lend their specialized knowledge in deriving an acceptable treatment plan.

The orthodontist with his familiarity of facial growth patterns and occlusion should be a partner in the pre-operative work-up. Preoperative occlusal adjustment can often best be performed by the orthodontist enabling a more satisfactory immediate post-operative occlusion and thus stabilization to be obtained. Orthodontic bands or appliances are utilized as means of fixation and stabilization after surgery. Correction of occlusal disharmonies post-operatively often are necessary in order to obtain the best possible functional esthetic results.

The oral surgeon's responsibility in addition to the corrective surgery itself consists of the detection and elimination of inherent pathology prior to surgery. Areas of periapical pathoses associated with dental caries, cysts, tumors, etc., must be eliminated before surgical correction can be undertaken.

The prosthodontist's know-how is

especially important in edentulous, partially edentulous, or potentially edentulous cases. The relationships of the alveolar processes, the tuberosity-ramus relationship, and the vertical dimension necessary for acceptable prosthesis may be the determining factor in selecting the mode of correction. The construction of splints and dentures to be utilized in post-operative stabilization of the segments can best be designed by the prosthodontist.

To summarize, the "team approach" is most desirable in obtaining for the patient the highest degree of care available.

1907 in referring to Blair in asymmetry of the dental arches stated, "The malrelation consisted either in a disproportionate growth in the length of the body of the lower jaw, in the lack of development of the upper jaw, in a lack of development of the lower jaw, and in a bending downward of the lower jaw at or in front of the angle." He further stated that, "We have to deal with an upper solid jaw and a lower one that is a hoop of bone capable of almost any kind of adjustment, and it is upon the latter that our efforts must be expended."

It seems as if Blair's statement could be revised today to state that the mandible is capable of *any kind* of adjustment. The different modes of correction that have been utilized to overcome specific deformities are a tribute to the ingenuity and surgical skill of the surgeons involved

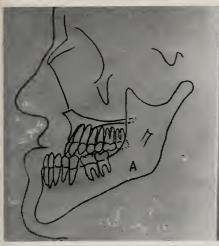
In reviewing the methods of correction, it has been on the mandible that almost all the correction has been aimed regardless of the primary site of deformity. It is only within the past six to eight years

that some attempt has seriously been made to correct a maxillary deformity in the maxillae. This is an interesting approach but will not be considered in this discussion.

Osteotomy is the surgical cutting of bone and is the basic operation employed in the correction of prognathism. These procedures have been approached intraorally, extraorally and with a combined intraoral-extraoral approach. Some of them have been performed as open procedures and some as socalled "blind" procedures. There are three principal locations in the mandible in which surgery for correction of prognathism is undertaken. These include (1) the body of the mandible in the region of the second premolar and first molar. (2) the ramus, and (3) the neck of the condyle.

The horizontal osteotomy in the rami for the correction of mandibular prognathism is performed at a level just above the mandibular foramen. (see fig. 1) It may be accomplished by "blind" sectioning with a Gigli saw, by an open operation intraorally, or by an extraoral operation.

Because of the numerous hazards "blind" horizontal osteotomy has been virtually discarded by most oral surgeons. One of the first modifications of the "blind Gigli saw" procedure was offered by Hensel who advocated a direct surgical approach to ensure a correct line of osteotomy. As reported, major disadvantage of the so-called horizontal sliding osteotomy was "vertical collapse in the ramus" due to lack of bony apposition difficulty in stabilizing the bony fragments resulting in an bite."



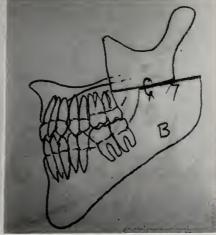


FIGURE 1. The Horizontal osteotomy.

The oblique osteotomy (or condylectomy) in the region of the condyle has been popular with a few oral surgeons for several years for correction of prognathism. The objective is to create bilateral surgical fractures by surgically sectioning the neck of the condyles and repositioning of the whole mandible to normal occlusion and jaw relation. Bony union may not occur or even may not be expected in certain instances, but one hoped for a satisfactory functional pseudoarthrosis.

Ostectomy, when performed for the correction of prognathism, consists of the excision of a measured section of the mandible to establish normal relation of the anterior teeth and to correct protrusion of the lower jaw. (see fig. 2) It is primarily performed in the body of the mandible, usually in the premolar area, occasionally in the molar area or proximal to the dentition at the angle of the mandible. The preferred operative procedure is that of a combination of both intraoral and extraoral approaches

in two stages with the sacrificing of teeth and bone structure in the area.

This approach can correct bizarre types of malocclusion especially when you have satisfactory posterior occlusion but malocclusion of the anterior segments. One could not expect correction of the gonial angle or ramus — tuberosity relationship with this approach.

The vertical osteotomy of the

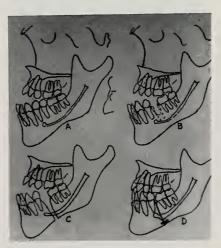


FIGURE 2. The osteotomy in the body of the mandible.



FIGURE 3. The vertical osteotomy of the ramus.



FIGURE 4. Trauner's osteotomy (inverted L-shaped asteotomy).

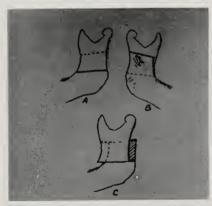


FIGURE 5. Obwegeser's antereo-posterior split osteotomy in the ascending ramus.

ramus is an extraoral operation accomplished through a submandibular approach. A vertical section of the ramus is made in a line from the lower aspect of the sigmoid

directly posterior to mandibular foramen (lingula) to the inferior border of the mandible at the angle. The proximal fragment overlaps the distal fragment with the repositioning of the whole body of the mandible posteriorly to a normal occlusal and jaw relation. (see fig. 3) At the present this approach is the most widely accepted and used by the majority of surgeons. Although there are obvious disadvantages associated with a surgical procedure such as this, the advantages are enormous. In addition to excellent functional results, which are so very important, the cosmetic result is also lent. The characteristic obtuse angle deformity is corrected at the same time a good profile result is achieved in contrast to the results obtained in the body ostectomy

The antero-posterior split osteotomies in the ascending ramus was described first by Doctors Obwegeser and Trauner. Trauner developed technique Number 1, the inverted L-shaped osteotomy in the ascending ramus. (see fig. 4)

This involved an antraoral extraoral approach. The vertical cut on the medial aspect of the ramus and posterior to the mandibular foramen is made from an extra oral approach. The horizontal cut just above the lingula and from the vertical cut anteriorly is made from an intraoral approach. The larger anterior segment is pushed back alongside the lingual aspects of the posterior segment due to the divergence of the mandible thus improving the shape of the angle of the jaw. A horizontal circumferential wire looped around the ramus holds the bony segments together.

Later Obwegeser developed tech-

nique Number 2 which is the vertical splitting of the ascending ramus and is best done intraorally. (see fig. 5)

The incision is made in the mucosa and periosteum, extending along the external oblique line. The periosteum on the inner and outer surfaces of the ramus is elevated. A horizontal cut is made through the cortical bone on the medial aspect of the ramus just above the lingula and on the lateral aspect of the ramus below the lingula at about the level of the cervical line of the teeth. A vertical cut is made along the ascending ramus connecting the two horizontal cuts An osteotome is used to split the ramus being careful not to damage the contents of the mandibular canal.

Doctors Trauner and Obwegeser along with others have continued to make improvements in these methods. The recent modification of the Obwegeser technique is to omit the horizontal cut on the lateral aspect of the ramus and to extend the vertical cut of the ascending ramus with a vertical cut on the lateral aspect of the body of the mandible in the molar region. A second vertical cut is made in this with the removal of a predetermined measured segment of cortical bone anterior to the first vertical cut. This allows for the sliding of the proximal bony segment into this space with the movement of the prognathic mandible posteriorly into the desired occlusion. (see fig. 6)

By these last two techniques, three types of correction may be made. First, by retrusion of the large anterior segment, mandibular prognathism may be corrected; second, the jaw may be set forward to correct mandibular retrognathia; and, third, rotating of the anterior segment will correct an open-bite with good contact of wide, cancellous bone surfaces resulting in each incidence.

Some authors say that in their experiences in dealing with class III malocclusions, there is rarely a disproportion between the toothbearing alveolar portions of the mandible and maxillae. The developmental defect is usually proximal to the third molar area. These observations favor correction somewhere in the ramus. On the other hand, there are cases where the defect is found in the body of the mandible or cases where removal of a tooth or teeth would accomplish the most desirable occlusion. These corrections are perhaps best accomplished in the body of the mandible.

With a few exceptions, the techniques used for the correction of prognathism with modifications have been utilized in retrognathic (micrognathic) cases. Brief mention should be made of another mode of correction of retrognathic or more specifically the deficient

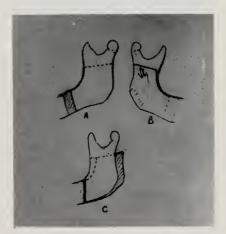


FIGURE 6. Modifications of the Trauner-Obwegeser osteotomy.

mentum. Various materials have been implanted supra-periosteally both from an intraoral and extraoral approach to "build out the chin." These materials and substances include:

- (1) Autogenous bone both cortical and cancellous.
- (2) Preserved or autogenous cartilage
- (3) Vitallium and tantalium metal and mesh
 - (4) Acrylics
 - (5) Plastics
- (6) Silicones, including sitastic sponge and blocks.

Key points for success appear to be adequate soft tissue coverage and immobilization of the implants.

Since apertognathism (open bite) is oftentimes, but not always, associated with either a prognathism or retrognathism variation of aforementioned procedures have been devised and utilized. The "V" and "Y" shaped osteotomies of the body of the mandible along with the circular osteotomy at the mandibu-

lar angle are additional procedures which have been used to correct an "open bite."

At this point, I think a fair appraisal would be one that states that no single procedure is applicable for the surgical correction of all types of mandibular deformities. Varied structural deformities in various anatomic sites require varied approaches. A rule of thumb that could be considered is to first look to apply correction at the site of the defect.

In closing, one returns to Blair's reference of the mandible as being a "hoop of bone" capable of almost any kind of adjustment. The fact that reports continue to come in concerning all types of adjustments attests to the accuracy of that prophesy. Perhaps time, experience and increased "know how" will reveal the adjustment or adjustments we should be using.

315 RANDOLPH MEDICAL CENTER CHARLOTTE, 28207

An Unusual Cyst of the Maxilla

By Vaiden B. Kendrick

Dr. Kendrick is Chief of Oral Surgery, Charlotte Memorial Hospital.

RADICULAR cysts are perhaps the most frequently found cysts of the mandible and maxillae.

The case here reported is one wherein the cyst eluded radio-graphic detection in the usual sense and proved to be singular in its behavior.

A 32 year old man was referred by his general dentist complaining of suppuration from the extraction site of the maxillary right second bicuspid. The tooth had been removed six days earlier. He was in good health and his history revealed nothing further contributory to the present complaint.

CLINICAL EXAMINATION: Brownish-yellow pus was draining freely from the alveolus, and irrigation with saline solution resulted in copious return of pus. The irrigative needle could be inserted well above the length of the alveolus.



FIGURE 1. Periapical view showing antral floor and small radiolucent area at apex of second bicuspid alveolus.

RADIOGRAPHIC EXAMINATION: Periapical radiograph (Fig. 1) revealed a small oval radiolucent area at the apex of the alveolus. The antral floor was at the first molar root apex, and 5mm. above the first bicuspid root apex. Otherwise the bone architecture was normal.

RADIOLOGIST'S REPORT: "Waters View of Facial Bones: (Fig. 2) PA, erect view of the facial bones made in the Waters position reveals opacification of the right antrum with an air fluid level. I believe this is related to an acute active inflammatory process."

In view of the physical and radiographic evidence it was concluded that there was an oro-antral fistula with empyema of the antrum.

The patient, who came from a distance, was supplied with a syringe and blunt needle with which his general dentist irrigated the area



FIGURE 2. Waters view showing intrusion of the right antrum by the cyst, imitating an air-fluid level.

daily with Terramycin solution. Lincocin mg. 500 T.I.D. was prescribed.

Approximately three weeks after therapy was instituted drainage had ceased, and the patient returned for plastic closure of the oro-antral fistula. Under local anesthesia, an incision was made along the buccal gingival margin from the second molar to the cuspid level. Upon elevating the mucoperiosteal flap, it was found that the periosteum was adherent to a large cyst membrane. The periosteum was dissected free of this membrane and enucleation of the cyst was accomplished. It was discovered that the buccal bone had been destroyed from the region of the apices of the first molar tooth and well above this point, forward to and above the cuspid. Further it was found that the cyst had destroyed the lateral wall of the sinus until it was egg-shell thin and in some places obliterating it, leaving the cyst adherent to the antral lining. The convex surface of the eggshell bone protruded medially, that is, toward the antrum. The entire cyst was enucleated, along with the egg-shell bone and several areas of the antral mucosa. Thus the antrum and the defect produced by the cyst became one cavity. The soft tissue margins of the extraction site were freshened and sutured, and the remainder of the flap was likewise closed with interrupted 3-0 black silk sutures.

The tissues were submitted for microscopic examination. Pathologist's interpretation: "(a) Tissue from cyst: Benign cyst with chronic inflammation, consistent with a radicular cyst. (b) Antral mucosa: No pathological changes."

The patient returned in six days, reporting an uneventful post-operative course, and the swelling had subsided. The sutures were removed, and healing was normal. Ten days later resolution was found to be continuing satisfactorily, and the patient was dismissed.

Summary

An unusual Radicular cyst of the maxilla and its surgical management have been described. Clinically and radiographically it simulated an oroantral fistula. Due to its peculiar nature, the surgical handling necescessarily produced an actual oroantral fistula, terminating in a satisfactory result.

Conclusion

Radiographs are an essential tool of the oral surgeon, but despite interpretation of a high order they can be misleading. This case represents such an instance.

SUITE 822, DOCTORS BUILDING KING'S DRIVE CHARLOTTE, NORTH CAROLINA 28207

District News

First District

C. W. CANROBERT, Editor

Grove Park Inn, Asheville, was "invaded" by 169 dentists, guests, and auxiliary personnel for the forty-seventh annual meeting of the First District Dental Society, September 28-30.

Events began with a dinner dance Saturday night. Compliments on the meals and arrangements for the entire meeting were spontaneous, causing Dr. Dixon Qualls, local arrangements chairman, much embarrassment and pride, I am sure.

District golf pros took to the course Sunday in beautiful sunshine, the theme of the weather for the whole meeting.

Ten table clinics were presented by members of the district. Participating in these were Doctors Kenneth Ray, James Taylor, Robert Owen, Jr., S. L. Woody, T. F. Blume, Robert Litton, Carey Wells, Jr., George Johnson, Jr., Jerry Gunter, W. G. Quarles, and George Miller.

The business meeting Sunday night must go down as one of the fastest on record. President Cecil Pless moved quickly through the business of the district providing efficient thoroughness and direction.

Ten new members were accepted and were charged by Dr. John Girard, Jr. He emphasized integrity in one's practice. Approved for membership were Doctors George Agett, Newland; James Cabe, Murphy; John Cloninger, Lincolnton; James Dimsdale, Bryson City; Charles Goodwin, Hickory; Jerry Gunter, Gastonia; William Gwynn, Hickory; William Holt, Conover; Robert Karr, Belmont; and James Taylor, Asheville.

Dr. Colin P. Osborne, Jr., president of the North Carolina Dental Society, reported that dentists throughout the state have cooperated and shown interest in the schools for training dental auxiliary personnel.

Dr. Roy Lindahl of the University of North Carolina School of Dentistry expressed appreciation for the support of the state dentists during the expansion program at the dental school and for the response to the continuing education questionnaire.

"Research and Clinical Techniques Related to Silver Amalgam, Resin Systems, and Cast Gold Restorations" provided a stimulating and interesting topic for Dr. Gordon J. Christensen, Denver, Colorado. How research can be of benefit to the local dentist was clearly shown.

New officers elected were: Francis A. Buchanan, president; William A. Mynatt, president - elect; Kent Rogers, vice president; Fred Ogden, II, secretary - treasurer; and C. W. Canrobert, editor.

The final business session and installation of officers were held Monday at a joint luncheon with the Auxiliary. Several door prizes including a small television set were given as a highlight to the meeting.

Second District

KENNETH D. OWEN, Editor

The Fourth Annual Tar Heel Dental Seminar sponsored by the Second District Dental Society opened Sunday afternoon, September 22, with an excellent program of ten table clinics, followed by four projected clinics presented by Drs. James Graham, Bernard Wilkie, Kenneth Owen and James Zucarello. Both events attracted large attendance, including wives, assistants and hygienists.

This set the stage for a well-run convention, thanks to the capable leadership of President Stewart Peery.

Dr. Edmund Harding of Washington, N. C., was the featured speaker at the banquet Sunday night. His topic was "Let's Shed Those Deciduous Teeth."

New members inducted at the banquet included: John W. Barts, Jr., William T. Cozart, Jr., John G. Edwards, William C. Lofton, Donald J. McGowan, William C. Myers, F. D. Pattishall, all of Charlotte; James R. Gibson, Jr., Monroe; Max R. Hiatt, Mount Airy; Paul Maus, Salisbury; and Paul C. Steadman, Statesville.

President Peery happily announced that a Necrology Service would not be necessary.

In fulfilling its role of providing post graduate education the Tar Heel Seminar presented two outstanding clinicians on Monday and Tuesday. They were: Dr. Wilber B. Eames of Emory University and Dr. Charles M. Heartwell of the Medical College of Virginia.

Officers for 1968-69 were installed Monday night at the Village Theater in a moving ceremony con-

ducted by Dr. Joseph M. Johnson, secretary - treasurer of the North Carolina Dental Society.

The new officers are: W. Smith Kirk, Salisbury, president; M. Lamar Dorton, Statesville, president-elect; Paul A. Stroup, Jr., Charlotte, vice president; Fred C. Miller, Jr., Jonesville, secretary-treasurer; William H. Price, Monroe, and Keith L. Bentley, North Wilkesboro, delegates; Robert H. Watson, Charlotte, and Eldon H. Parks, Elkin, members of the Executive Committee.

Third District

RICHARD M. FIELDS, Editor

The Third District met at Mid Pines Club, Southern Pines, Sunday and Monday, October 6 and 7 with a total registration of 244.

Following an all-day golf tournament, the meeting opened with a banquet and a business session Sunday evening.

new members Sixteen elected. They were: Stuart B. Fountain, Gene A. Holland, Don L. Marbry, Woodrow W. Merritt, Jr., Kenneth E. Mitchum, Theodore M. Roberson, W. Wilson Shoulars, Jr., Joe T. Wall, D. Robert Williams, and Matthew T. Wood, all Chapel Hill; Charles K. Caldwell, Reidsville; Alan B. Gordon, APO New York: Preston W. Keith. Greensboro; David A. Roberts, Gibsonville; Tommy D. Upchurch, High Point: and John D. Ward, De Ridder, La.

"Basic Factors in Human Communications" and "Practice Management Aspects of Human Communications" were the subjects of two lectures by Dr. Russell Haney of Sherman Oaks, California on Monday.

At the concluding business session Monday afternoon the following officers were installed: L. P. Megginson, Jr., High Point, president; Ludwig G. Scott, Burlington, vice president; C. F. Clark, Jr., Durham, president-elect; James B. Howell, Greensboro, secretary-treasurer; Leonard R. Cashion, member of Executive Committee; Joseph R. Sugg, delegate.

Fourth District

FREDERICK G. HASTY, Editor

The Fourth District Dental Society met for its 48th year at the Statler Hilton in Raleigh October 12-14.

On Saturday, a social hour, banquet and dance highlighted the opening day, with the Jock Lauterer Duo entertaining the group with folk singing.

MacGregor Downs was the scene of a golf tournament on Sunday. That evening a social hour and buffet dinner preceded the first business session when fourteen new members were accepted. They were: C. Allen Avera, Randolph R. Hall, Carl B. Moore, Robert W. Moye, William J. Sherwood, and Ralph A. Young, all of Raleigh; R. M. Blackman, Selma; R. A. Carnevale, Fayetteville; Eddie Clark, Apex; Billy Dennis, Cary; Richard F. Gorman, Dunn; Wilson S. Hoyle, II, Henderson; Edward V. Wilkins, APO, New York; and Henry N. Wright, Smithfield.

Officers elected for 1968-69 were: P. C. Purvis, Fairmont, president; Harold E. Maxwell, Fayetteville, president-elect; Gordon L. Townsend, Dunn, vice president; James H. Edwards, Raleigh, secretary-treasurer; Penn Marshall, Jr., Raleigh, and J. B. Powell, Clinton,

members of Executive Committee; John N. Denning, Smithfield, and L. B. Stanley, delegates.

Registration for the three-day meeting totalled 275.

Captain Howard B. Marble, Jr., Captain Peter F. Fedi, Jr., and Commander Julian J. Thomas of the Naval Dental School at Bethesda, Maryland were the featured clinicians.

Fifth District

JAMES A. PRIVETTE, Editor

Dr. Emile Fisher of Atlanta was the clinician at the Fifth District meeting at the Blockade Runner Motor Hotel on Wrightsville Beach September 15 and 16.

The meeting opened at 3:00 p.m. Sunday with the presentation of nine table clinics. Following a social hour and banquet, 14 applicants for membership were received at a business session. They were: Benjamin R. Baker and James F. Cameron, Kinston; William B. Cox and Irvin R. Roseman, APO, New York; Lyle E. Crumpler, Rocky Mount; Stanley M. Farrior, Burgaw; Johnnie D. Hodges, Jeremiah N. Partrick and J. R. Stike, Wilmington; Samuel P. Jackson, New Bern; David T. Marshburn, Williamston; H. Wayne Ridout, Wilson; J. Fred Sproul, Goldsboro; and George O. Wells, Jr., Atkinson.

Also at the business session, the Fifth District unanimously endorsed the candidacy of Dr. William L. Hand, Jr., of New Bern for president-elect of the North Carolina Dental Society at the 1969 meeting in Pinehurst; amended its *Bylaws* to increase annual dues from \$6.00 to \$10.00 annually; and ap-

proved a change from Sunday and Monday meetings, to Thursday to Saturday sessions.

Officers installed at the final business session were: T. S. Fleming, Tarboro, president; William E. Kidd, Washington, vice president;

James L. Cox, Goldsboro, presidentelect; James A. Privette, Kinston, secretary - treasurer; Ledyard E. Ross, Greenville, and Fred H. Miller, New Bern, members of the Executive Committee; R. Hogan Gaskins, Jr., Jacksonville, delegate.

STATEMENT OF OWNERSHIP MANAGEMENT AND CIRCULATION (Act of October 23, 1962; Section 4369, Title 39, United States Code)

1. Date of filing: Sept. 30, 1968.
2. Title of publication: The Journal of the North Carolina Dental Society.
3. Frequency of issue: January, April, August,

September.

4. Location of known office of publication: 120 E. Peace Street, Raleigh, N. C. 27604.

5. Location of the headquarters or pusiness offices of the publishers: Same. 6. Names and addresses of publisher, editor,

and managing editor:
Publisher: North Carolina Dental Society,
P. O. Box 11065, Raleigh, N. C. 27604.
Editor: Dr. A. Breece Breland, same as above.

Managing editor: Andrew M. Cunningham, same as above

7. Owner: North Carolina Dental Society, P. O. Box 11065, Raleigh, N. C. 27604.

8. Known bondholders, mortgagees, and other security holders owning or holding 1 percent or more of total amount of bonds, mortgages or other securities: None.

9. For completion by nonprofit organizations authorized to mail at special rates (Section 132.122, Postal Manual)

The purpose, function, and nonprofit status of this organization and the exempt status for Federal income tax purposes:

☐ Have not changed during preceding 12 months

Have changed during preceding 12 months (If changed, publisher must submit explanation of change with this statement.)

10. Extent and nature of circulation:

A. Total no. copies printed (net press run): Average no. copies each issue during preceding 12 months, 1,650; Actual number of copies of single issue published nearest to filing date, 1,650.

B. Paid circulation:

1. Sales through dealers and carriers, street vendors and counter sales: Average no. copies each issue during preceding 12 months, None; Actual number of copies of single issue published nearest to filing date, None.

2. Mail subscriptions: Average no. copies

2. Mail subscriptions: Average no. copies each issue during preceding 12 months, 1,400; Actual number of copies of single issue published nearest to filing date, 1,407. C. Total paid circulation: Average no. copies each issue during preceding 12 months, 1,400; Actual number of copies of single issue published nearest to filing date: 1,407. D. Free distribution (including samples) by mail, carrier or other means: Average no. copies each issue during preceding 12 months, 181; Actual number of copies of single issue published nearest to filing date, 178. E. Total distribution (sum of C and D): Average no. copies each issue during preced-

Average no. copies each issue during preceding 12 months, 1,581; Actual number of copies of single issue published nearest to filing date, 1,585.

Office use. left-over. unaccounted. spoiled after printing: Average no. copies each issue during preceding 12 months, 69; Actual number of copies of single issue published nearest to filing date, 65.

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I certify that the statements made by me above are correct and complete.

ANDREW M. CUNNINGHAM Manager, Business

North Carolina Dental Society DIRECTORY 1968-1969

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STATE COMMITTEES

DISTRICT OFFICERS

DISTRICT COMMITTEES

ALPHABETICAL ROSTER OF MEMBERS

GEOGRAPHICAL ROSTER OF MEMBERS

ALLIED ORGANIZATION OFFICERS

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Table Clinics: Wayne C. Anderson, Chairman; Thomas R. Vaughan, Jr., Britton F. Beasley.

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January 1, 1969 (Districts are indicated by number immediately following name.)

—A—

Abbey, Wallace D., Jr. (3) 1400 Georgia Ave	27705
Apernative C. R. (4) 502 Professional Bids — Baleigh Z	3 4 OU 1
Abernethy ('V (1) Powell St Forest City 2	20043
Abernethy, David (1) Abernethy Professional Bldg. Hickory 2	28601
Abernethy, G. Shuford (1) 407 Second St., N.W. Hickory 2	28601
Adair, John T. (1) 116 N. College AveNewton 2	28658
Adams C A Ir (3) Wachovia Bank Bldg Durham 2	27701
Adams C A III (3) Wachovia Bank Bldg Durham 2	27701
Adams, C. A., III (3) Wachovia Bank Bldg Durham 2 Adams, Roy G. (3) Box 188 Hamlet 2 Adcock, George W., Jr. (4) North Main St Fuquay Springs 2	28345
Adoock George W. Ir. (4) North Main St. Fuguay Springs 2	27526
Agett G Andrew (1) Boy 544 Newland 2	28657
Agett, G. Andrew (1) Box 544	27041
Albright, L. B. (2) 311 Independence Bldg	28202
Aldridge, M. W. (5)	-0-0-
10 Medical Pavilion, 1800 W. Fifth St. Greenville 2	27834
Alexander W F (3) Robbins 2	27325
Alexander, W. E. (3) Robbins 2 Alford, Frank O. (2) 1001 Liberty Life Bldg. Charlotte 2	28202
Allen, Don L. (3) UNC School of Dentistry	27514
Allen Howard I (4) Roy 503 Henderson 2	27536
Allen, Howard L. (4) Box 503	28401
Allen, Thomas I. (2) 816 Poindexter Drive	28209
Allen, Thomas I. (2) 910 Tollacker Drive Beideville 9	27320
Almond, C. Franklin (3) 234 Settle St	27401
Anderson, George D. (3) Box 228Southern Pines 2	28387
Anderson, G. N. (3) 206 Church St. High Point 2	27260
A 1 (TTT C (E)	
Northwoods Professional Plaza	28540
Androws Tames F (2) 715 Hespital St Mocksville 2	27028
Andrews, John L., Jr. (3) 316 Westwood AveHigh Point 2	27262
Andrews, Victor L., Jr. (2) 715 Hospital St	27028
Andrews, victor L., 31. (2) 713 Hospital St., Mocksville 2	28207
Archer, John M., III (2) 126 Cottage Place	27030
A -1	
Doctors Bldg., 912 Second St., N.E	28601
DOCTORS Blug, 912 Second St., N.E. Ralaigh 9	27602
Attkisson. Wayne P. (5) 402 Sterlingworth St. Windsor 2	27082
Atwater, Frank G. (3) 1202 W. Friendly AveGreensboro	27403
Atwater, Fidnk W. (5) 1202 W. Frendry Ave	27203
Atwater, John W., Jr. (3) 202 N. Cox St	27106
Ausley, Mett B. (5) Box 476Warsaw 2	28308
Austin Edward II (2)	20090
Austin, Edward U. (2) Suite 315 Randolph Medical Center, 1928 Randolph Rd. Charlotte 2	28207
Avera, C. Allen (4) 800 St. Mary's St	27605
Aycock, Charles B. (2) 6040 The Plaza	28205
Aycock, Charles D. (2) 0040 The Flaza	20200

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Baker, Benjamin R. (5) 2101 N. Heritage St	28501
Baker, E. D. (4) 402 Ligon Bldg., 800 St. Mary's StRaleigh	
Baker, Robert N. (1) Box 827Kings Mountain	28086
Baker, Thomas P. (1) Box 827Kings Mountain	28086
Baldwin, Harry N. (2) Box 1006North Wilkesboro	28659
Ballard, David L. (2) 1613 Montford Drive	28209
Banker, L. L., Jr. (2) 524 Professional Bldg	28202
Barber, A. D. (4) Box 416Sanford	27330

ı	Barber, L. B., Jr. (1)	
ı	Doctors Park, 820 Fleming St	28739
ı	Barden, R. B. (5) 916 S. 17th StWilmington	28401
ŝ	Barker, Bennie D. (3) UNC School of DentistryChapel Hill	27514
ı	Barker, C. T. (5) Drawer 2344, West New Bern StationNew Bern	28560
ı	Barker, O. C. (1) Box 486	28802
ı	Barkley, Carl A. (2) 740 Nissen BldgWinston-Salem	27101
l	Barnes, Milton H. (3) 1214½ E. Market St. Greensboro Barnes, V. M. (5) Box 1426 Wilson	27401
ş	Barnes, V. M. (5) Box 1426 Wilson	27893
I	Barnhill, James H. (1) Box 306	28601
1	Barringer, Martin D. (2) Rendelph Medical Center 1999, Rendelph Read Charlette	0000
ı	Randolph Medical Center, 1928 Randolph Road	28207
ı	Bartis, Nicholas J. (3) 2309 Friendly Road Greensboro	27403
ı	Barton, Roger E. (3) UNC School of Dentistry	27514
1	Bass, Robert E. (3) 210 Gatewood Ave	27260
I	Baucom, Jimmie P. (2) 1433 Emerywood DriveCharlotte	20210
I	Baucom, Thomas A. (2) 5232 Albemarle RoadCharlotte	20210
l	Bawden James W (3) IINC School of Dentistry Chanel Hill	27514
ı	Bawden, James W. (3) UNC School of DentistryChapel Hill Beam, R. S. (4) M-3 Country Club HomesRaleigh	27608
1	Bean, William C. (2) 2433 The Plaza Charlotte	28205
ł	Beasley, Britton F. (5) Kinston Clinic Kinston	28501
1	Beavers, D. L. (2)	
۱	Bowman Gray School of Medicine Winston-Salem	27103
۱	Beavers, Franklin C. (2) 3734 Reynolda RoadWinston-Salem Bebber, James V. (3) 720 Morgan RoadSpray Beck, Charles H. (4) 1677 Owen DriveFayetteville	27106
ij	Bebber, James V. (3) 720 Morgan RoadSpray	27352
ii	Beck, Charles H. (4) 1677 Owen DriveFayetteville	28304
H	Becker, D. H. (1) 704 Flatiron BldgAsheville	28801
	Bell, Franklin D. (4)	
ı	3117 Glenwood Professional VillageRaleigh	27608
ı	Bell, Morris L. (4) 204 Sampson St Clinton Bell, Victor E. (4) 225 Hillcrest Road Raleigh	28328
H	Bell, Victor E. (4) 225 Hillcrest Road	27605
ı	Belton, Richard P. (1) New Hope Professional BldgGastonia	28052
R	Bencini, E. A. (3) 624 Quaker Lane	27262
I	Benfield, Robert H. (2) 1509 Baugh Bldg	20202
3	Rennett Jack (2) Suite 204 Professional Rldg Winston Salam	27102
B	Bennett, Jack (2) Suite 204 Professional BldgWinston-Salem Benson, E. S., Jr. (5) 1202 S. 16th StWilmington	28401
K	Bentley, C. W. (2) Hayes BldgNorth Wilkesboro	28659
H	Rentley Keith L. (2) Box 486 North Wilkeshoro	28659
K	Biddell, Alex J. (4) Box 628 Laurinburg Biddell, F. H. (4) Laurinburg Biddix, Clarence F. (2) 225 N. Torrence St Charlotte Bingham, J. P. (2) Bingham Clinic, E. Center St Lexington	28352
N	Biddell, F. H. (4) Laurinburg	28352
k	Biddix, Clarence F. (2) 225 N. Torrence St	28204
ŀ	Bingham, J. P. (2) Bingham Clinic, E. Center StLexington	27292
Ĭ	Bingnam, J. P., Jr. (2) Box 124Lexington	27292
ľ	Bird, Charles W. (1) 1 Maple StSylva	28779
	Bishop, E. L. (2) Graham Park Professional Bldg.	2000
	1630 Mockingbird Drive Charlotte	28209
	Bissette, M. D. (5) Box 1193	27893
H	Black, A. R. (2) 608 Independence Bldg	27605
H	Blackburn, Charles A. (2) 810 O'Hanlon BldgWinston-Salem	28202
	Plackman, R. M. (4) Box 424	27101
	Blackman, W. W. (2)	21310
	501 Weaver Bldg., 1917 W. Innes StSalisbury	20144
	Rlackwell Glen E (2) Box 518 Salisbury	20144
	Blair M P. (3) Box 348 Siler City	27344
	Blackwell, Glen E. (2) Box 518	27101
	Blalock, C. A. (4) Box 295	27591
8	Blanchard Manfred T. (3)	
	Professional Bldg., Monroe St	27288
۱	Bland, A. B. (5) 415 E. Main StWallace	28466
-	Bland, Donald E. (5)	28466
	Bland, Wilbur B. (3) 101 W. Chestnut StTroy	27371
	Blankenbeckler, James D. (2)	
	Suite 152 Forsyth Medical ParkWinston-Salem	27103
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Blume, Thomas F. (1) 414 S. York StGastonia	28052
Bobbitt, S. L. (4) 719 Professional BldgRaleigh	27601
Blume, Thomas F. (1) 414 S. York St	28787
Bonney Allen B (5) Pay 226 Hertford	27044
Bonner, Allan B. (3) Box 220	21311
BOOR 1 A (2)	41041
Boseman, Dewey (5) Varita Court ApartmentsWilson	27893
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Bottoms Alten B (2) 2101 F Independence Blyd Charlotte	28205
Bottoms, Alton B. (2) 2101 E. Independence BivdCharles	00716
Bottoms, Alton W. (1) Main StCanton	28710
Bost, John Dewey (1) 37 13th Ave. N.E. Hickory Bottoms, Alton B. (2) 2101 E. Independence Blvd. Charlotte Bottoms, Alton W. (1) Main St. Canton Bowen, Carl Lee (3) Box 967. Albemarle Bowling, Howard X. (3) 703-05 N. C. National Bank Bldg. Durham Bowling Richard K. (1) 820 Fleming St. Hendersonville	28001
Bowling Howard X (3) 703-05 N. C. National Bank Bldg. Durham	27701
Bowling, Richard K. (1) 820 Fleming St	28730
DOWING, Itichard II. (1) 020 I feming St	-0.00
Bowman, James C. (1) 626 Clark DriveLincolnton	28092
Boyd, Stanley M. (2) 162 Renfro StMount Airy	27030
Royette Edward G (4) John Umstead Hospital	27509
Boykin, Thomas C. (5) 610 N. Jefferson St. Goldsboro	27530
Boykin, Thomas C. (5) 010 N. Jefferson St	21000
Boyles, J. L. (1) Box 656	28052
Boyles, Robert S. (2) 204 Professional BldgWinston-Salem	27103
Bradsher J D (3) Box 21 Roxboro	27573
Brady C A Ir (1) 817 Fighth Ave NE Hickory	28601
Diddy, C. A., Jl. (1) 011 Eighth Ave., W.E., Disch Mountain	20711
Brake, E. K. (1)	20/11
Brady, C. A., Jr. (1) 817 Eighth Ave., N.E	27608
Brannan R M Ir (3) XII N EIM ST Greensboro	2 (401
Brannock, R. W. (3) 202 N. C. National Bank Bldg. Burlington	27215
Brannock, R. W. (3) 202 N. C. National Bank Big. Burnington	20777
Braswell, Jack G. (1) 108 Broad St. Spruce Pine Bratton, Lewis P. (5) 2006 Trent Blvd. New Bern	20111
Bratton, Lewis P. (5) 2006 Trent BlvdNew Bern	28560
Provider Review A (2) Rev 394 Whoresville	28115
Breeland, W. H. (1) Breeland BldgBelmont Breland, A. Breece (2) 1927 Brunswick AveCharlotte	28012
Breefand, W. H. (1) Breefand Blog	20012
Breland, A. Breece (2) 1927 Brunswick AveCharlotte	20201
Pridger R L (3) 207 B Morven Road Wadesbord	28170
Bridges Worth T. Jr. (2) Box 444	28115
Britt, W. F. (5) Murfreesboro	27855
Brooks, H. L. (2) Box 304	20110
Brooks, Robert E. (4) 1601 Ramsey StFayetteville	28301
Broughton J O (5) 210 Murchison BldgWilmington	28401
Brown Bonismin W (2) 430 W Friendly Ave Greenshore	27401
Brown, Benjamin W. (3) 190 W. Trickey Tv.	27607
Brown, Bernard A. (4) 601 Beaver Dam Road	27007
Brown, C. Fred (1) Box 144Hickory	28601
Brown, James A. (2) 1012 Kings Drive Charlotte Brown, J. B. (5) 516 N. Academy St. Ahoskie Brown, James William (5) Box 36. Rich Square	28207
Brown I B (5) 516 N Academy St Ahoskie	27910
Blown, J. B. (9) Doy 26 Pick Square	27860
Brown, James William (3) Box 30	27003
Brown, Oscar H. (5) 1003 W. 3rd St	28513
Browning Henry D., III (5) 237 New River DriveJacksonville	28540
Bryan, C. H. (4) Box 8Apex	27502
Buchanan, Francis A. (1) Oakley Medical Bldg. Hendersonville	28730
Buchanan, Francis A. (1) Oakiey Medical Blug. Hendersonville	20100
Buckland, Michael B. (3) Dept. of Periodontics,	
UNC School of Dentistry Chanel Hill	27514
Buford, J. T. H. (2) 1917 W. Innes St. Salisbury	28144
Bulla, Thurman C. (3) 138 Scarboro St. Asheboro	27202
Bulla, Inurman C. (3) 130 Scarboro St. Asheboro	41403
Bullard, A. J., Jr. (5) 103 Smith Chapel RoadMount Olive	28365
Rumgardner Amos S. (2) 1516 Elizabeth AveCharlotte	28204
Bumgardner, Amos S. (2) 1516 Elizabeth Ave	28204
Burns, E. R. (3) 410 Airport Road	20201
Burns, E. R. (3) 410 Airport RoadChaper Hill	27314
Burns, William D. (3)	
Suite 3 Medical Center, 1311 N. Elm St Greensboro	27401
Burns William T (3) 410 Airport Road Chanel Hill	27514
Burns, William T. (3) 410 Airport Road	20005
Burrougns, Robert C., Jr. (2) 1200 The Plaza	40400
Burrus, Roy G., Jr. (1) Box 1826Shelby	28150
Rutcher Dale H. (3)	
Box 8175, Guilford College BranchGreensboro	07/10
Box 8175, Guinord Conege BranchGreensboro	27410
Butler, George L., Jr. (4) 1421 Murchison RoadFayetteville	28301
Butler, H. Estes (3)	
108 Butler Bldg., 430 W. Friendly AveGreensboro	27401
100 Butter Bigg., 450 W. Friendly Ave	27401
Butler, James E. (4) Box 386	28384
Butler Luther H. (3)	
105 Butler Bldg., 430 W. Friendly AveGreensboro	27401
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2 1 7 4 1 3 1	Butler, Thomas E. (3) Box 37	27374 27893 27705 27103 27601
3	401 Ligon Bldg., 800 St. Mary's St. Raleigh Byrd, Worth M. (4) Box 506 Sanford	$\frac{27605}{27330}$
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2	Cabe, James J. (1) Box 576Murphy Caddell, F. S. (3)	
	312 N. C. National Bank BldgBurlington Caldwell, Charles K. (3) 602 S. Main StReidsville	27215
	Caldwell, Charles K. (3) 602 S. Main StReidsville Caldwell, Clell S. (3) 602 N. C. National Bank BldgDurham	27320
I	Caldwell, J. B. (3) 1817 Pembroke Road	27408
	Camak, Pascal S. (5) Rt. 1, Box 629-A, Porter's Neck PlantationWilmington	29/101
	Cameron, James F. (5) Box 36	28501
ı	Cameron, L. A. (4) Box 338	28384
1	Campbell, Joseph E. (3) 801 Fayetteville St	27701
ı	Campbell, Joseph E. (3) 801 Fayetteville St	28207
	Campbell William R (3)	
	Suite 110 High Point Medical CenterHigh Point	27262
ı	Candler, C. Z. (1) Suite 1208 N. W. Bank BldgAsheville	28801
H	Canrobert, C. W., Jr. (1) 822 First Ave., S	27292
I	Carlough, Robert D. (2) 715 Arbor St., N.E	28025
ı	Carpenter, Joseph P. (1) 513 6th Ave., WestHendersonville	28739
	Carpenter, M. W. (1) 675 Biltmore AveAsheville	28803
	Carpenter, W. W. (1) Fourth Ave., West	28739
B	Carr, Daniel T. (3) 915 Lamond Ave	27701
H	Carrell, George H. (1) 4 Vermont AveWest Asheville	28806
E	Carroll, Larry W. (3) Box 475Hillsborough	27278
ı	Carson, J. Royal, Jr. (5) Box 91 Rocky Mount	27801
I	Casey, R. P. (2) Box 457North Wilkesboro Cash, Allan H. (2) Arcadian Shores, Queens Road.	28059
ı	Cash, Allan H. (2) Arcadian Shores, Queens Road, Star Route 2	29577
ı	Cashion, Leonard R. (3) 305 Lindsay StHigh Point Cathey, Gerald M. (3) UNC School of DentistryChapel Hill	27260
ı	Caudle, James N. (3) Box 145Greensboro	27402
ı	Cave, William P. (1) 1087 Hendersonville RoadAsheville	28803
ı	Caviness, W. Robert (4) 1665 Owen Drive	28304
ı	Chamberlain, Vander F. (3) 104 E. Naomi StRandleman Chamblee, H. Royster (4) 818 Professional BldgRaleigh	27317
	Chandler, Fred H. (2) Box 255	28144
ř	Chandler, Frederick M. (3) Box 333Roxboro	27573
ŀ	Chandler, John E. (3) 1103 W. Friendly Ave	27401
	Cheek, Donald G. (2) 120 S. Tradd StStatesville	28677
100	Cherry, M. L. (3) 701 N. C. National Bank BldgDurham	27701
F	Chesson, J. H. (5) Tarrytown Office PlazaRocky Mount	27801
	Choate, E. C. (2) 615 S. Main StSalisbury Christian, Bill J. (2)	28144
1	Stratford Medical Center, 1st at StratfordWinston-Salem	27104
F	Citrini, Richard J. (3) 818 Broad St	
	Civils, Harvey W. (5) Box 518New Bern	28560

Clark, Alexander (1) Rt. 5	28739
Clark B G Jr (5) 563 Evans St Greenville	27834
Clark, C. F., Jr. (3) 918 Broad St	27705
Clark Dwight L. (3) UNC School of Dentistry Chapel Hill	27514
Clark, Eddie N. (4)	27502
Clark George Farl (5) Boy 437 Conway	27820
Clark, George Earl (5) Box 437	28801
Clayton, W. S. (1) 224 S. Caldwell StBrevard	28719
Clinard, Robert W. (2)	20112
374 Forsyth Medical Park, Hawthorne RoadWinston-Salem	97109
374 Forsym Medical Park, Hawthorne RoadWinston-Salem	27103
Cline, Albert P. (1) Box 912 Canton	28716
Cline, Albert P., Jr. (1) Medical BldgCanton	28716
Cloninger, John L. (1) 640 Magnolia StLincolnton	28092
Cobb, Numa Watt, Jr. (3) 600 Pasteur DriveGreensboro Cochran, James D., Jr. (1) Drawer 468Newton	27403
Cochran, James D., Jr. (1) Drawer 468Newton	28658
Coffey, Ralph D. (1) Box 693	28655
Cofield, H. F. (5) 308 S. Slocumb StGoldsboro	27530
Cole Hugh H (1) Box 137 Candler	28715
Collie, Jay Mack (5) 1413 Greenville Blvd	27834
Collins, Michael L. (3) 2601-A Oakcrest Ave	27408
Collins, Thomas G. (4) 403 Ligon Bldg., 800 St. Mary's St. Raleigh	27605
Collins, Thomas R. (2) 1533 W. First StWinston-Salem	27104
Coltrane, J. F. (4) Zebulon	27507
Compton, Dudley D. (2) 7515 Valley Brook RoadCharlotte	22211
Conduff, Duke P. (2) 638 N. Main St	27020
Conduit, Duke F. (2) 036 N. Main St. Would Airy	27030
Conrad, C. Richard (5) 302 E. Moore St. Southport Cook, Adolphus J. (2) 3004 Tuckaseegee Road. Charlotte	28401
Cook, Adolphus J. (2) 3004 Tuckaseegee RoadCharlotte	28208
Cook, David E. (4) Box 386Tabor City	28463
Cook, David E. (4) Box 386	28645
Cook, Dennis S., Jr. (1) 105 N. Boundary StLenoir	28645
Cooke, Charles S. (5)	
Cooke Professional Bldg., 1010 W. Nash StWilson	27893
Cooley, Julius R. (2) 322 Doctors Bldg., 1012 Kings Drive. Charlotte	22207
	20201
Corey Calvin B. Jr. (3)	
Corey Calvin B. Jr. (3)	
Corey Calvin B. Jr. (3)	
Corey, Calvin B., Jr. (3) Suite 400 Freeman Bldg., 612 Pasteur DriveGreensboro Corl. Marshall B. (2) 110 Stockton StStatesville	27403 28677
Corey, Calvin B., Jr. (3) Suite 400 Freeman Bldg., 612 Pasteur DriveGreensboro Corl, Marshall B. (2) 110 Stockton StStatesville Cotter. Paul Eric (4) 118 S. Gulf StSanford	27403 28677 27330
Corey, Calvin B., Jr. (3) Suite 400 Freeman Bldg., 612 Pasteur Drive	27403 28677 27330 28204
Corey, Calvin B., Jr. (3) Suite 400 Freeman Bldg., 612 Pasteur Drive	27403 28677 27330 28204 27203
Corey, Calvin B., Jr. (3) Suite 400 Freeman Bldg., 612 Pasteur Drive	27403 28677 27330 28204 27203 27514
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Corey, Calvin B., Jr. (3) Suite 400 Freeman Bldg., 612 Pasteur Drive	27403 28677 27330 28204 27203 27514 27408 27530 27101
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Corey, Calvin B., Jr. (3) Suite 400 Freeman Bldg., 612 Pasteur Drive	27403 28677 27330 28204 27203 27514 27408 27530 27101 09154 28209 28209 27514 28480 27011 27605 27410
Corey, Calvin B., Jr. (3) Suite 400 Freeman Bldg., 612 Pasteur Drive	27403 28677 27330 28204 27203 27514 27408 27530 27101 09154 28209 28209 27514 28480 27011 27605 27410
Corey, Calvin B., Jr. (3) Suite 400 Freeman Bldg., 612 Pasteur Drive	27403 28677 27330 28204 27203 27514 27408 27530 27101 09154 28209 28209 27514 28480 27011 27605 27410
Corey, Calvin B., Jr. (3) Suite 400 Freeman Bldg., 612 Pasteur Drive	27403 28677 27330 28204 27203 27514 27408 27530 27101 09154 28209 27514 28480 27011 27605 27410
Corey, Calvin B., Jr. (3) Suite 400 Freeman Bldg., 612 Pasteur Drive	27403 28677 27330 28204 27203 27514 27408 27530 27101 09154 28209 27514 28480 27011 27605 27410
Corey, Calvin B., Jr. (3) Suite 400 Freeman Bldg., 612 Pasteur Drive	27403 28677 27330 28204 27203 27514 27408 27530 27101 09154 28209 27514 28480 27011 27605 27410
Corey, Calvin B., Jr. (3) Suite 400 Freeman Bldg., 612 Pasteur Drive	27403 28677 27330 28204 27203 27514 27408 27530 27101 09154 28209 27514 28480 27011 27605 27410 27103
Corey, Calvin B., Jr. (3) Suite 400 Freeman Bldg., 612 Pasteur Drive	27403 28677 27330 28204 27203 27514 27408 275101 09154 28209 27514 28480 27011 27103 27103 27104 28739 27801 27103 27103 28209
Corey, Calvin B., Jr. (3) Suite 400 Freeman Bldg., 612 Pasteur Drive	27403 28677 27330 28204 27203 27514 27408 275101 09154 28209 27514 28480 27011 27103 27103 27104 28739 27801 27103 27103 28209
Corey, Calvin B., Jr. (3) Suite 400 Freeman Bldg., 612 Pasteur Drive	27403 28677 27330 28204 27203 27514 27408 27530 27101 09154 28209 27514 28480 27011 27605 27410 27103 27104 28739 27801 27103 28209 28213
Corey, Calvin B., Jr. (3) Suite 400 Freeman Bldg., 612 Pasteur Drive	27403 28677 27330 28204 27203 27514 27408 27530 27101 09154 28209 27514 28480 27011 27605 27410 27103 27104 28739 27801 27103 28209 28213
Corey, Calvin B., Jr. (3) Suite 400 Freeman Bldg., 612 Pasteur Drive	27403 28677 27330 28204 27203 27514 27408 27530 27101 09154 28209 27514 28480 27011 27605 27410 27103 27104 28739 27801 27103 28209 28213 27103
Corey, Calvin B., Jr. (3) Suite 400 Freeman Bldg., 612 Pasteur Drive	27403 28677 27330 28204 27203 27514 27408 27530 27101 09154 28209 27514 28480 27011 27605 27410 27103 27104 28739 27801 27103 28209 28209 27514 28739 27801 27103 28209 28213
Corey, Calvin B., Jr. (3) Suite 400 Freeman Bldg., 612 Pasteur Drive	27403 28677 27330 28204 27203 27514 27408 27530 27101 09154 28209 27514 28480 27011 27605 27410 27103 27104 28739 27801 27103 28209 28213
Corey, Calvin B., Jr. (3) Suite 400 Freeman Bldg., 612 Pasteur Drive	27403 28677 27330 28204 27203 27514 27408 27530 27101 09154 28209 27514 28480 27011 27605 27410 27103 27104 28739 27801 27103 28209 28213

Dalton, Robert B. (2) 118 W. Mountain St Daniel, Frank H. (2) Doctors Center, 301 Miller St Daniel, Gary F. (1)	Winston-Salem	27103
Medical-Dental Bldg., 675 Biltmore Ave	Asheville	28803
Daniel, Gary F. (1) Medical-Dental Bldg., 675 Biltmore Ave	Roanoke Rapids	27870
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Daniels, L. M. (3) 139 E. Penn. Ave	Hickory	28601
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Davis, Joe V., Jr. (2) 171 Spring St., N. W	Concord	28025
Davis, Walter H. (1) 3 Doctors Park, 417 Biltmore	AveAsheville	28801
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Davis, William G. (3) Medical Arts Bldg	Chapel Hill	27514
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Defialt, V. L. (2)	Sanford	27330
Delbridge, Matthew G. (5) Best Road	Goldsboro	27530
Demary C. J. (5) New River Clinic	Jacksonville	28540
Domoritt W W (2) HNC School of Dontistry	Chanal Hill	27514
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Denning, John N. (4) 207 S. Third St Dennis, Billy (4) 427 Willowbrook Drive Devereux, James L. (2) 1630 Mockingbird Lane	Cary	27511
Devereux, James L. (2) 1630 Mockingbird Lane	Charlotte	28209
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Dickey, Harry (1)	Murphy	28906
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Diego Pohort W (2) 1121 Turnbridge Pond		28655
Dilday John S (3) 1210 111 Corcoran St	Durham	27701
Diggs, Robert M. (2) 1131 Turnbridge Road Dilday, John S. (3) 1210 111 Corcoran St Dimsdale, James R. (1) Box 517 Ditto, W. M. (3) 2300 Villa Drive	Bryson City	28713
Ditto. W. M. (3) 2300 Villa Drive	Greensboro	27403
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Dixon, T. L. (3) Lakewood Shopping Center	Durham	27707
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Dolbee, Earl R., Jr. (1) 312 Commercial Bldg.	Hendersonville	28739
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Eatman, E. L. (5) 212 Peoples Bank BldgRocky Mount	27801
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420 W. Main St., Jonesboro HeightsSanford	27330
120 W. Mail St., Johnsbold Heights	20150
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Edwards, Henry A. (5)	20012
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Edwards, Linus M. In (5) Day 267	27054
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Evans, Marvin R. (3) Box 267	27514
Evans, Marvin R. (3) Box 207 Chaper Him	27014
Evans, Richard H., Jr. (5) 1902 S. Charles StGreenville	27834
Evans, Richard H., Jr. (5) 1902 S. Charles St. Greenville Ezzell, J. W. (2) 205 Cabarrus Bank Bldg. Concord	28025
Ezzell, L. L. (1)	28901
Ezzeli, E. E. (1)	11
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Fair, Ronald E. (1) Box 98Drexel Fales. A. R. (5) 405 Murchison BldgWilmington	28619 28401
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Fair, Ronald E. (1) Box 98	28619 28401 28655 27405
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Fair, Ronald E. (1) Box 98	28619 28401 28655 27405 28655 28425 27101
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Fair, Ronald E. (1) Box 98	28619 28401 28655 27405 28655 28425 27101 28778 27910 27313
Fair, Ronald E. (1) Box 98	28619 28401 28655 27405 28655 28425 27101 28778 27910 27313
Fair, Ronald E. (1) Box 98	28619 28401 28655 27405 28655 28425 27101 28778 27910 27313 27909
Fair, Ronald E. (1) Box 98	28619 28401 28655 27405 28655 27101 28778 27910 27313 27909
Fair, Ronald E. (1) Box 98	28619 28401 28655 27405 28655 28425 27101 28778 27910 27313 27909
Fair, Ronald E. (1) Box 98	28619 28401 28655 27405 28655 28425 27101 28778 27910 27313 27909 27605 27565
Fair, Ronald E. (1) Box 98	28619 28401 28655 27405 28655 27405 28425 27101 28778 27910 27313 27909 27605 27565 27565
Fair, Ronald E. (1) Box 98	28619 28401 28655 27405 28655 28425 27101 28778 27910 27313 27909 27605 27565 27565 27536
Fair, Ronald E. (1) Box 98	28619 28401 28655 27405 28655 28425 27101 28778 27910 27313 27909 27605 27565 27565 27536 27401
Fair, Ronald E. (1) Box 98	28619 28401 28655 27405 28655 27101 28778 27910 27313 27909 27605 27565 27565 27565 275401 27801
Fair, Ronald E. (1) Box 98	28619 28401 28655 27405 28655 27101 28778 27910 27313 27909 27605 27565 27565 27565 275401 27801
Fair, Ronald E. (1) Box 98	28619 28401 28655 27405 28655 28425 27101 28778 27910 27313 27909 27605 27565 27536 27401 27801 27801
Fair, Ronald E. (1) Box 98	28619 28401 28655 27405 28655 28425 27101 28778 27910 27313 27909 27605 27565 27565 27401 27801 27605 27886
Fair, Ronald E. (1) Box 98	28619 28401 28655 27405 28655 28425 27101 28778 27910 27313 27909 27605 27565 27565 27401 27801 27801 27805 27886 28052
Fair, Ronald E. (1) Box 98	28619 28401 28655 27405 28655 28425 27101 28778 27910 27313 27909 27605 27565 27565 27401 27801 27801 27805 27886 28052
Fair, Ronald E. (1) Box 98	28619 28401 28655 27405 28655 28425 27101 28778 27910 27313 27909 27605 27565 27565 27401 27801 27801 27805
Fair, Ronald E. (1) Box 98	28619 28401 28655 27405 28655 28425 27101 28778 27910 27313 27909 27605 27565 27565 27565 27401 27801 27801 27801 27801 27805
Fair, Ronald E. (1) Box 98	28619 28401 28655 27405 28655 28425 27101 28778 27910 27313 27909 27605 27565 27565 27565 27401 27801 27801 27886 28052 28340 27017 28645
Fair, Ronald E. (1) Box 98	28619 28401 28655 27405 28655 28425 27101 28778 27910 27313 27909 27605 27565 27565 27401 27801 27605 27886 28052 28340 27017 28645
Fair, Ronald E. (1) Box 98	28619 28401 28655 27405 28655 27405 28425 27101 28778 27910 27313 27909 27605 27565 27565 27401 27801 27801 27886 28340 27017 28645 27514
Fair, Ronald E. (1) Box 98	28619 28401 28655 27405 28655 28425 27101 28778 27910 27313 27909 27605 27565 27565 27565 27401 27801 27801 27805 27886 28340 27017 28645 27514 27215
Fair, Ronald E. (1) Box 98	28619 28401 28655 27405 28655 28425 27101 28778 27910 27313 27909 27605 27565 27565 27565 27401 27801 27801 27805 27886 28340 27017 28645 27514 27215
Fair, Ronald E. (1) Box 98	28619 28401 28655 27405 28655 28425 27101 28778 27910 27313 27909 27605 27565 27565 27401 27801 27805 27886 28052 28340 27017 28645 27514 27215 27302
Fair, Ronald E. (1) Box 98	28619 28401 28655 27405 28655 28425 27101 28778 27910 27313 27909 27605 27565 27565 27401 27801 27801 27801 27805 27866 28052 28340 27017 28645 27514 27215 27302 27030
Fair, Ronald E. (1) Box 98	28619 28401 28655 27405 28655 28425 27101 28778 27910 27313 27909 27605 27565 27565 27401 27801 27801 27801 27805 27866 28052 28340 27017 28645 27514 27215 27302 27030

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ı	Fox, Robert D. (2) 674 Forsyth Medical ParkWinston-Salem	27106
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ı	Fritz, C. B. (1) Bernard BldgHickory	28601
ı	Fritz, John R. (1) Bernard Bldg. Hickory	28601
ı	Froneberger, H. D. (1) 155 S. York St. Gastonia	28052
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ı	Frye, D. G., Jr. (1) 24 Second Ave., N.EHickory	28601
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Gaines, Roy E. (4) 2013 Clark Ave	28303
Gaither, F. Glen (2) 131 N. Mulberry StStatesville	20505
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2 Doctors Park, 470 Biltmore Ave. Glenn, Edmond T. (1) Godwin, Charles P. (5) Box 294. Rocky Mount	27801
H. L. Green Bldg., 106½ W. North St	28501
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Gooding Carnie C (5) Box 478 Havelock	28532
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1 1950 F Third St	20204
Goodwin, C. J. (4) 320 Valley Road Favetteville	20204
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1850 E. Third St	27344
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Gordon, Alan B. (3)	
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Gorman, Richard F. (4) Box 151Dunn	28334
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Griffin, Donald C. (2) Pinnix Bldg	27284 27909
Griffin, Donald C. (2) Pinnix Bldg	27284 27909 33450
Griffin, Donald C. (2) Pinnix Bldg	27284 27909 33450 27701
Griffin, Donald C. (2) Pinnix Bldg	27284 27909 33450 27701 28043
Griffin, Donald C. (2) Pinnix Bldg	27284 27909 33450 27701 28043 28303
Griffin, Donald C. (2) Pinnix Bldg	27284 27909 33450 27701 28043 28303 27203
Griffin, Donald C. (2) Pinnix Bldg	27284 27909 33450 27701 28043 28303 27203 28207
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McIntosh, James N. (5) 81st Tactical Hospital	09755 27262 28377 28021 27215 28110
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Roberts, David A. (3) 112 W. Main St	28334 27249 27215 28801 28205 28358 28677 27605 28805 28115 28208
Roberts, David A. (3) 112 W. Main St	28334 27249 27215 28801 28205 28358 28677 27605 28805 28115 28208 27403
Roberts, David A. (3) 112 W. Main St	28334 27249 27215 28801 28205 28358 28677 27605 28805 28115 28208 27403 28105
Roberts, David A. (3) 112 W. Main St	28334 27249 27215 28801 28205 28358 28677 27605 28805 28115 28208 27403 28105
Roberts, David A. (3) 112 W. Main St	28334 27249 27215 28801 28205 28358 28677 27605 28805 28115 28208 27403 28105 28501
Roberts, David A. (3) 112 W. Main St	28334 27249 27215 28801 28205 28358 28677 27605 28805 28115 28208 27403 28105 28501
Roberts, David A. (3) 112 W. Main St	28334 27249 27215 28801 28205 28358 28677 27605 28805 28115 28208 27403 28105 28501 09067 27893
Roberts, David A. (3) 112 W. Main St	28334 27249 27215 28801 28205 28358 28677 27605 28805 28115 28208 27403 28105 28501 09067 27893 27514
Roberts, David A. (3) 112 W. Main St	28334 27249 27215 28801 28205 28358 28677 27605 28805 28115 28208 27403 28105 28501 09067 27893 27514
Roberts, David A. (3) 112 W. Main St	28334 27249 27215 28801 28205 28358 28677 27605 28805 28115 28208 27403 28105 28501 09067 27893 27514 28204
Roberts, David A. (3) 112 W. Main St	28334 27249 27215 28801 28205 28358 28677 27605 28805 28115 28208 27403 28105 28501 09067 27893 27514 28204 28209
Roberts, David A. (3) 112 W. Main St	28334 27249 27215 28801 28205 28358 28677 27605 28805 28115 28208 27403 28105 28501 09067 27893 27514 28204 28209 27834
Roberts, David A. (3) 112 W. Main St	28334 27249 27215 28801 28205 28358 28677 27605 28805 28115 28208 27403 28105 28501 09067 27893 27514 28204 28209 27834 27706
Roberts, David A. (3) 112 W. Main St	28334 27249 27215 28801 28205 28358 28677 27605 28805 28115 28208 27403 28105 28501 09067 27893 27514 28204 28209 27706 27701
Roberts, David A. (3) 112 W. Main St	28334 27249 27215 28801 28205 28358 28677 27605 28805 28115 28208 27403 28105 28501 09067 27893 27514 28209 27834 27706 27701 28752
Roberts, David A. (3) 112 W. Main St	28334 27249 27215 28801 28205 28358 28677 27605 28805 28115 28208 27403 28105 28501 09067 27893 27514 28209 27834 27706 27701 28752
Roberts, David A. (3) 112 W. Main St	28334 27249 27215 28801 28205 28358 28677 27605 28805 28115 28208 27403 28105 28501 09067 27893 27514 28204 28209 27834 27706 27701 28752 28516

Sager, Robert H. (4)	
Hart Bldg Glenwood Professional Village Raleigh	27608
Hart Bldg., Glenwood Professional VillageRaleigh Sain, H. T. (1) Drawer 650Morganton	28655
I Same Roy R (1) Roy 379 Mars Hill	28754
Samuel Michael D. (3) 320 Westwood Ave High Point	27262
Samuel, Michael D. (3) 320 Westwood Ave	27504
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Saunuers, W. L. (3) 1011 Mauison Ave	21401
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Suite 187 Professional Bldg	20621
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Sears, T. H., Jr. (3) Route No. 2	27301
Seifert, D. W., Jr. (4) York Bldg., 2016 Cameron StRaleigh	27605
Seitter, D. B., Jr. (5) 1 North 16th StWilmington	28401
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Shaffer, S. W. (3) 421-4 Southeastern BldgGreensboro	27401
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Shapiro, Eugene N. (1) 48 Battery Park AveAsheville Shaw, Frederick C. (1) Box 693Lenoir	28801
Shaw Frederick C (1) Box 693 Lenoir	28645
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Sheffield, Neal, Jr. (3) 1610 Colonial Ave. Greensboro	27408
Shell, John H. (1) Route 1, Box 164Valdese	28690
Shelton, Clavis O. (2) Box 57	27052
Shelton Vider Ir (1) Boy 608	28610
Sherman Clarendon F (2) Roy 225 Cranito Quarry	28072
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Sherrill, Claude A., 31. (1) Suite 10-W Doctors BlugAshevine	20001
Sherrill, Luby T., Jr. (2) Mecklenburg Co. Health Dept., 1200 Blythe BlvdCharlotte	20202
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Sherwood, William J. (4) 2512 Fairview Road	27606
Shoffner, Clarence L. (5) Box 266. Weldon Sholar, Norman P. (2) Box 180	27890
Sholar, Norman P. (2) Box 180 Mooresville	28115
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UNC School of DentistryChapel Hill	27514
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Silvers, Jack E. (5) 8 Colonial SquareGoldsboro	27530
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Simkins, George C. (3) 500 S. Benbow RoadGreensboro	27401
Simpson, David H. (1) 406 S. Chester StGastonia	28052
Slack, James B. (5) Box 107Pinetops	27864
Simpson, David H. (1) 406 S. Chester St	28081
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Sloop, W. M. (1) Box 258	27215
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Smiley, Gary R. (3)	
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Smith, Amos H. (2) Box 242 Lexington Smith, Alton L., Jr. (4) Dorothea Dix HospitalRaleigh	27602
Smith Clayton B. Jr. (5) 2408 Doctors Circle Wilmington	28401
Smith, Clayton B., Jr. (5) 2408 Doctors CircleWilmington Smith, Everett L. (4) 820 Professional BldgRaleigh	27601
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Smith, Fred J. (2) 774 Forsyth Medical ParkWinston-Salem	27103
Smith, Grover W. (5) Kinston ClinicKinston	28501
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Smith, James H. (5) 703 Murchison Bldgwilmington	28401
Smith, James H. (5) 703 Murchison Bldg. Wilmington Smith, James R. (2) Route No. 3	28173
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Smith, John Watson, Jr. (3) Box 647	28401
Smith, Junius C. (3) 302 Murchison Blug	20401
Smith, Lynn H. (3) 106 E. Northwood StGreensboro	27401
Smith Marcus R (4) Box 637Raeford	28376
Smith, Newton (4) 1900 Bragg Blvd. Fayetteville	28303
Sillin, Newton (4) 1900 Blagg Biva.	20000
Smith, Ray H. (1) Box 155	28021
Smith, Robert L. (3) Box 287	28001
Smith Samuel I (5) 1048 F. Tenth St. Roanoke Rapids	27870
Smith, Thomas A. (2) 140 Lockland AveWinston-Salem	27102
Smith, Inomas A. (2) 140 Lockland Avewinston-Salein	21100
Smith, Vonnie B. (4)	
3121 Glenwood Professional Village	27608
Smithson, T. W. (5) 205 Forest Hill AveRocky Mount	27608 27801
Constitution, 1. W. (9) 200 Forest Hill Ave	
Sneed, Inomas Q., Jr. (4) Hancock BldgOxford	27565
Sneed, Thomas Q., Jr. (4) Hancock BldgOxford Snider, William H. (2) 109 Fifth StSpencer	28159
Snoderly, Robert M. (1) Route No. 4, Box 23Waynesville Snyder, Harry G. (2) Central Piedmont Community College,	28786
Churchy, Hower C. (2) Control Diadment Community College	30.00
Shyder, Harry G. (2) Central Fledmont Community Conege,	28204
1141 Elizabeth AveCharlotte	28204
Snyder, Jerald M. (1) 408 E. Main StOld Fort	28762
Snyder, Kenneth Ray (2) 21 Clemmonsville RoadWinston-Salem	27107
Silver, Relineth Ray (2) 21 Cleminonsvine Road whiston-Salein	27514
Sockwell, C. L. (3) UNC School of Dentistry	27514
Solomon, Marshall H. (3) 1001 N. Elm StGreensboro	27401
Southard F J (2) 101½ S Main St. Kernersville	27284
Southworth, J. D. (3) 1219 Magnolia St. Greensboro	27401
Southworth, J. D. (3) 1219 Magnona St. Greensboro	27401
Sowers, Jerry W. (1) Villa Park Shopping CenterConover	28613
Sowers, Wade A. (2) Court Square Lexington Sowter, John B. (3) UNC School of Dentistry Chapel Hill Spear, Herbert (5) Box 615 Kinston	27292
Sowton John B (3) LINC School of Dentistry Chanel Hill	27514
Sowier, John B. (3) One School of Dentistry	20501
Spear, Herbert (5) Box 615Kinston	20001
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Spencer John R (2) 820 W Henderson St Salisbury	28144
Spencer, Julian B (4)	27507
Spencer, william R. (4) wake Polest	21301
Spillman, J. Harry (2) 140 Lockland AveWinston-Salem	27103
Spencer, William R. (4) Wake Forest Spillman, J. Harry (2) 140 Lockland Ave. Winston-Salem Spoon Riley F. Jr. (2)	1
Spoon Riley E. Jr. (2)	1
Spoon, Riley E., Jr. (2) Suite 203 Professional Bldg., Cloverdale AveWinston-Salem	1
Spoon, Riley E., Jr. (2) Suite 203 Professional Bldg., Cloverdale AveWinston-Salem Springer Dennis H (2)	27103
Spoon, Riley E., Jr. (2) Suite 203 Professional Bldg., Cloverdale AveWinston-Salem Springer Dennis H (2)	27103
Spoon, Riley E., Jr. (2) Suite 203 Professional Bldg., Cloverdale AveWinston-Salem Springer, Dennis H. (2) 824 Doctors Bldg., 1012 Kings Drive	27103 28207
Spoon, Riley E., Jr. (2) Suite 203 Professional Bldg., Cloverdale AveWinston-Salem Springer, Dennis H. (2) 824 Doctors Bldg., 1012 Kings Drive	27103 28207
Spoon, Riley E., Jr. (2) Suite 203 Professional Bldg., Cloverdale AveWinston-Salem Springer, Dennis H. (2) 824 Doctors Bldg., 1012 Kings Drive	27103 28207 27530
Spoon, Riley E., Jr. (2) Suite 203 Professional Bldg., Cloverdale AveWinston-Salem Springer, Dennis H. (2) 824 Doctors Bldg., 1012 Kings Drive	27103 28207 27530 28738
Spoon, Riley E., Jr. (2) Suite 203 Professional Bldg., Cloverdale AveWinston-Salem Springer, Dennis H. (2) 824 Doctors Bldg., 1012 Kings Drive	27103 28207 27530 28738
Spoon, Riley E., Jr. (2) Suite 203 Professional Bldg., Cloverdale AveWinston-Salem Springer, Dennis H. (2) 824 Doctors Bldg., 1012 Kings Drive	27103 28207 27530 28738
Spoon, Riley E., Jr. (2) Suite 203 Professional Bldg., Cloverdale AveWinston-Salem Springer, Dennis H. (2) 824 Doctors Bldg., 1012 Kings Drive	27103 28207 27530 28738
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Spoon, Riley E., Jr. (2) Suite 203 Professional Bldg., Cloverdale AveWinston-Salem Springer, Dennis H. (2) 824 Doctors Bldg., 1012 Kings Drive	27103 28207 27530 28738 27705 27701 28655 27401
Spoon, Riley E., Jr. (2) Suite 203 Professional Bldg., Cloverdale AveWinston-Salem Springer, Dennis H. (2) 824 Doctors Bldg., 1012 Kings Drive	27103 28207 27530 28738 27705 27701 28655 27401
Spoon, Riley E., Jr. (2) Suite 203 Professional Bldg., Cloverdale AveWinston-Salem Springer, Dennis H. (2) 824 Doctors Bldg., 1012 Kings Drive	27103 28207 27530 28738 27705 27701 28655 27401
Spoon, Riley E., Jr. (2) Suite 203 Professional Bldg., Cloverdale AveWinston-Salem Springer, Dennis H. (2) 824 Doctors Bldg., 1012 Kings Drive	27103 28207 27530 28738 27705 27701 28655 27401 27605 28677
Spoon, Riley E., Jr. (2) Suite 203 Professional Bldg., Cloverdale AveWinston-Salem Springer, Dennis H. (2) 824 Doctors Bldg., 1012 Kings Drive	27103 28207 27530 28738 27705 27701 28655 27401 27605 28677 28092
Spoon, Riley E., Jr. (2) Suite 203 Professional Bldg., Cloverdale AveWinston-Salem Springer, Dennis H. (2) 824 Doctors Bldg., 1012 Kings Drive	27103 28207 27530 28738 27705 27701 28655 27401 27605 28677 28092 27215
Spoon, Riley E., Jr. (2) Suite 203 Professional Bldg., Cloverdale AveWinston-Salem Springer, Dennis H. (2) 824 Doctors Bldg., 1012 Kings Drive	27103 28207 27530 28738 27705 27701 28655 27401 27605 28677 28092 27215
Spoon, Riley E., Jr. (2) Suite 203 Professional Bldg., Cloverdale AveWinston-Salem Springer, Dennis H. (2) 824 Doctors Bldg., 1012 Kings Drive	27103 28207 27530 28738 27705 27701 28655 27401 27605 28677 28092 27215 28377
Spoon, Riley E., Jr. (2) Suite 203 Professional Bldg., Cloverdale AveWinston-Salem Springer, Dennis H. (2) 824 Doctors Bldg., 1012 Kings Drive	27103 28207 27530 28738 27705 27701 28655 27401 27605 28677 28092 27215 28377
Spoon, Riley E., Jr. (2) Suite 203 Professional Bldg., Cloverdale AveWinston-Salem Springer, Dennis H. (2) 824 Doctors Bldg., 1012 Kings Drive	27103 28207 27530 28738 27705 27701 28655 27401 27605 28677 28092 27215 28377
Spoon, Riley E., Jr. (2) Suite 203 Professional Bldg., Cloverdale AveWinston-Salem Springer, Dennis H. (2) 824 Doctors Bldg., 1012 Kings Drive	27103 28207 27530 28738 27705 27701 28655 27401 27605 28677 28092 27215 28377
Spoon, Riley E., Jr. (2) Suite 203 Professional Bldg., Cloverdale AveWinston-Salem Springer, Dennis H. (2) 824 Doctors Bldg., 1012 Kings Drive	27103 28207 27530 28738 27705 27701 28655 27401 27605 28677 28092 27215 28377 28101 28630 27103
Spoon, Riley E., Jr. (2) Suite 203 Professional Bldg., Cloverdale AveWinston-Salem Springer, Dennis H. (2) 824 Doctors Bldg., 1012 Kings Drive	27103 28207 27530 28738 27705 27701 28655 27401 27605 28677 28092 27215 28377 28101 28630 27103 28401
Spoon, Riley E., Jr. (2) Suite 203 Professional Bldg., Cloverdale AveWinston-Salem Springer, Dennis H. (2) 824 Doctors Bldg., 1012 Kings Drive	27103 28207 27530 28738 27705 27701 28655 27401 27605 28677 28092 27215 28377 28101 28630 27103 28401 28208
Spoon, Riley E., Jr. (2) Suite 203 Professional Bldg., Cloverdale AveWinston-Salem Springer, Dennis H. (2) 824 Doctors Bldg., 1012 Kings Drive	27103 28207 27530 28738 27705 27701 28655 27401 27605 28677 28092 27215 28377 28101 28630 27103 28401 28208 28532
Spoon, Riley E., Jr. (2) Suite 203 Professional Bldg., Cloverdale AveWinston-Salem Springer, Dennis H. (2) 824 Doctors Bldg., 1012 Kings Drive	27103 28207 27530 28738 27705 27701 28655 27401 27605 28677 28092 27215 28377 28101 28630 27103 28401 28208 28532
Spoon, Riley E., Jr. (2) Suite 203 Professional Bldg., Cloverdale AveWinston-Salem Springer, Dennis H. (2) 824 Doctors Bldg., 1012 Kings Drive	27103 28207 27530 28738 27705 27701 28655 27401 27605 28677 28092 27215 28377 28101 28630 27103 28401 28208 28532 27408
Spoon, Riley E., Jr. (2) Suite 203 Professional Bldg., Cloverdale AveWinston-Salem Springer, Dennis H. (2) 824 Doctors Bldg., 1012 Kings Drive	27103 28207 27530 28738 27705 27701 28655 27401 27605 28677 28092 27215 28377 28101 28630 27103 28401 28208 28532 27408
Spoon, Riley E., Jr. (2) Suite 203 Professional Bldg., Cloverdale AveWinston-Salem Springer, Dennis H. (2) 824 Doctors Bldg., 1012 Kings Drive	27103 28207 27530 28738 27705 27701 28655 27401 27605 28677 28092 27215 28377 28101 28630 27103 28401 28208 28532 27408 28205
Spoon, Riley E., Jr. (2) Suite 203 Professional Bldg., Cloverdale AveWinston-Salem Springer, Dennis H. (2) 824 Doctors Bldg., 1012 Kings Drive	27103 28207 27530 28738 27705 27701 28655 27401 27605 28677 28092 27215 28377 28101 28630 27103 28401 28208 28205 28204
Spoon, Riley E., Jr. (2) Suite 203 Professional Bldg., Cloverdale AveWinston-Salem Springer, Dennis H. (2) 824 Doctors Bldg., 1012 Kings Drive	27103 28207 27530 28738 27705 27701 28655 27401 27605 28677 28092 27215 28377 28101 28630 27103 28401 28208 28205 28204
Spoon, Riley E., Jr. (2) Suite 203 Professional Bldg., Cloverdale AveWinston-Salem Springer, Dennis H. (2) 824 Doctors Bldg., 1012 Kings Drive	27103 28207 27530 28738 27705 27701 28655 27401 27605 28677 28092 27215 28377 28101 28630 27103 28401 28208 28205 28204
Spoon, Riley E., Jr. (2) Suite 203 Professional Bldg., Cloverdale AveWinston-Salem Springer, Dennis H. (2) 824 Doctors Bldg., 1012 Kings Drive	27103 28207 27530 28738 27705 27701 28655 27401 27605 28677 28092 27215 28377 28101 28630 27103 28401 28208 28532 27408 28205 28204 27041 28001
Spoon, Riley E., Jr. (2) Suite 203 Professional Bldg., Cloverdale AveWinston-Salem Springer, Dennis H. (2) 824 Doctors Bldg., 1012 Kings Drive	27103 28207 27530 28738 27705 27701 28655 27401 27605 28677 28092 27215 28377 28101 28630 27103 28401 28208 28208 28204 27041 28204 28204
Spoon, Riley E., Jr. (2) Suite 203 Professional Bldg., Cloverdale AveWinston-Salem Springer, Dennis H. (2) 824 Doctors Bldg., 1012 Kings Drive	27103 28207 27530 28738 27705 27701 28655 27401 27605 28677 28092 27215 28377 28101 28630 27103 28401 28208 28208 28204 27041 28204 28204
Spoon, Riley E., Jr. (2) Suite 203 Professional Bldg., Cloverdale AveWinston-Salem Springer, Dennis H. (2) 824 Doctors Bldg., 1012 Kings Drive	27103 28207 27530 28738 27705 27701 28655 27401 27605 28677 28092 27215 28377 28101 28630 27103 28401 28208 28208 28204 27041 28204 28204

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Stubbs, J. M. (3) Box 807	27514
Styers, Thomas R., Jr. (3)	2.011
Colonial Apts, 75-B, 3022 Chapel Hill RoadDurham	27707
Colonial Apis, 50-22 Chaper IIII Road	27288
Sugg, Charles H. (3) Eden Sugg, Robert W. (3) 209 S. Gregson St. Durham	27701
Suggs, Joseph R. (3)	21101
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Suggs, Robert B. (1) Box 755	28012
Suggs, Nobel B. (1) Box 100 West Jefferson	28694
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Swain, John P., Jr. (4) Professional BldgRaleigh	27601
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Tannenbaum, A. Raymond (3) 1001 N. Elm StGreensooro	27401
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Taylor, James H. (1)	00001
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Templeton, William B (2)	20224
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Tesh, Phillip G. (2) 715 Arbor St., N.E	28025
Tew, J. J. (4)	27520
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Thomas, Carl L. (2) Box 663Mount Airy	27030
Thomas, George H. (1) Box 248Skyland	28776
Thomas, J. T., Jr. (3) 1035 Westover TerraceAsheboro	27203
Thomas, Robert E. (3) Box 506	27316
Thompson, Harold W. (2) Box 156	28023
Thompson, Horace K. (5) 3500 Oleander DriveWilmington	28401
Thompson, James C. (3) Dental Detachment	222-
Dental Detachment Parris Island, S. C.	29905
Thompson, John L., Jr. (1) 416 W. Warren St. Shelby	28150
Thompson, Sanford W., III (4)	
719 Professional BldgRaleigh Thorpe, J. O. (2) Suite 207 Randolph Medical Center,	
Thorpe, J. O. (2) Suite 207 Randolph Medical Center,	27601
1928 Randolph RoadCharlotte	27601
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Thurston, M. Stevenson (2) 316 S. Church StSalisbury	27601 28207 28144
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Thurston, M. Stevenson (2) 316 S. Church StSalisbury	28207 28144 27055 27101 27601

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Transitell, Jerry C., 31. (3) 1001 Contwards Brilling Springs	28017
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Troutman, M. L. (2) Box 751 Kannapolis	28081
Trueblood, Samuel N. (5) Box 737	27880
Truluck, Moultrie H. (1) Suite B. Medical-Dental Bldg	28803
Suite B. Medical-Denial Diug. Coldsboro	27530
Tucker, W. W. (5) Room 108 Furser Blug	27505
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Turbyfill, W. J. (1) Suite 1, 3 Doctors Park, 417 Biltmore Ave	28801
3 Doctors Park, 417 Biltmore Ave. Ashering	20001
Turlington, R. H. (4) Henry Vann Bldg. Clinton Turner, Gerald P. (2) 110 G. Stockton St. Statesville	20520
Turner, Gerald P. (2) 110 G. Stockion St	27407
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Turner, J. V. (5) Box 1426 Wilson Turner, L. R. (5) Drawer "D" Jacksonville	20540
Turner, L. R. (5) Drawer "D" Jackson Ville	20340
Turner, Philip E. (1) 803 N. Washington St. Shelby	20100
Turner, R. S. (3) 605 Walter Reed Drive	20205
Twisdale, Harold W. (2) 4421 Central Ave	20203
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TY 1 1 Alain F (9) Convell Didg Conthogs	22227
Underwood, Alvin E. (3) Seawell Bldg	24017
Underwood, Nash H. (4) 814 S. Main St Wake Forest	271001
Underwood, Nash H. (4) 614 S. Main St	27403
Upchurch, Gilbert R. (3) Drawer 1319Reldsville	27320
Upchurch, Jack B. (4) 3035 Essex Circle, Glenwood Professional Village	0000
Glenwood Professional VillageRaleigh	27608
Upchurch, Tommy D. (3) 305 Lindsay AveHigh Point	27260
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1 TY 1 G TO 1 4 (9) II C No 1 North Abandon	
Vander Voort, C. Robert (3) U. S. No. 1 North Aberdeen	
Van Vieet, David E. (3) 113 Arcade-weilons vin age	27703
Van Vleet, David E. (3) 115 Arcade-Wellons VillageDurham Vaughan, Thomas R., Jr. (5) 509 Avondale AveRocky Mount Vinson, Thomas W., Jr. (5) 106 Main StMurfreesboro	27855
Vinson, Thomas W., Jr. (5) 106 Main StMurireesboro	21800
Vollmer, T. D. (3)	27215
Suite J Medical Village, 1610 Vaughn RoadBurlington	27215
	1
—W	T.
Waddell, M. A. (4) Scottish Bank BldgFair Bluff Wadsworth, Charles H. (2) 180 N. Union StConcord	28439
Wadeworth Charles H (2) 180 N Union St Concord	28025
Woldron Pendleton G (3)	20025
Waldron, Pendleton G. (3) USAF Hospital, AACElmendorf AFB, Alaska	99506
Walker Curley C (1) 252 Charlotte St Asheville	28801
Walker, Curley G. (1) 252 Charlotte St. Asheville Walker, Frank H. (2) Box 37. Yadkinville Walker, Joel W. (3) Box 549. Graham	27055
Walker, Flaik II. (2) Box 549 Graham	27253
Walker, M. E. (3) 1431 Broad St. Durham	
TTT TZ -: 41- / 4 \	21100
Ant 22 I Royal Hill Anartments Raleigh	27603
Apt. 32-I, Royal Hill Apartments	28052
Wall, Joe T. (3) UNC School of Dentistry	27514
Wall, L. E. (2) 706 Independence Bldg	28202
Wallace, George M. (3) 307 Lindsay St	
Wallace, Mitchell W. (4)	41400
Waller, D. T. (2) 6021 Creola Road	22211
Waller, D. T. (2) 6021 Creola Road	20211
Walters, Percy F. (2) Box 251 Monroe	2011U h
Ward, E. Ben (4) 511 S. Franklin StWhiteville	28472
Word C Thomas (1)	To the
212 Great Meadows Court	23452
Ward, James A. (5) 228 Vance StRoanoke Rapids	
	27870
r 40 1	27070

Ward, John D. (3) 417½ N. Pine StDe Ridder, La.	70634
Ware, L. Dwight (2) 207 E. Main StWilkesboro	28697
Ware William G. Jr. (2)	
174 Forsyth Medical Park	27103
While D Dwg (2) Doy 221	20207
Warner, R. Bruce (3) Box 331 Southern Files	20001
Warlick, R. Bruce (3) Box 331 Southern Pines Warren, Bert B. (5) 103 E. Church St. Farmville Warren, Donald W. (3) UNC School of Dentistry. Chapel Hill	27020
Warren, Donald W. (3) UNC School of DentistryChapel Hill	27514
Warren, E. R. (5) Box 845	27530
Warren, Ray Alexander (1) 330 S. Grove StLincolnton	28092
Watson, Billy Joe (3) 608 N. Elm StGreensboro	27401
Watson, Robert H. (2) 4200 Park Road	28209
Watson, Robert H. (2) 4200 Park Road	27101
Waynick, I. M. (2) 731 Nissen BldgWinston-Salem	27101
Weant, Theodore F. (2) 529 Catawba RoadSalisbury	28144
Wealth, Illeducie F. (2) 525 Catawba Hoad	20111
Weathersbee, Ramsey (5) 1806 Chestnut St. Wilmington Weathersbee, Ramsey, Jr. (5) 918 S. 17th St. Wilmington	20401
Weathersbee, Ramsey, Jr. (5) 918 S. 17th StWilmington	28401
Weaver, R. C. (1) 19 Griffing Blvd	28804
Webber, Spurgeon W., Jr. (2) 2301 Keller AveCharlotte	28208
Weeks, H. E. (5)Tarboro	27886
Weeks, H. É. (5)	28690
Wells C T (1) Wells Bldg Canton	28716
Wells Carey T Jr (1) 100 Main St Canton	28716
Wells DeLean Ir (5) Wallace	28466
Wells, DeLeon, Jr. (5)	28421
Wells, George V., Jr. (J) Akillison	27705
wentz, w. Robert (3) 1304 Broad St	20650
West, James B. (2) Box 1126North Wilkesboro	28659
Westrick, Charles M. (2) 164 Forsyth Medical ParkWinston-Salem	
164 Forsyth Medical ParkWinston-Salem	27103
Wharton, Řichard G. (2) Box 422	28144
Wheless, J. R. (3) 1123 S. Main St. Reidsville	27320
Whicker, Thomas A. (2) 400 Randolph StThomasville	27360
Whisnant, C. M. (1)Burnsville	29714
Whisnant, James F. (1) Box 347	20111
Wilstant, James F. (1) DOX 541. Spindale	20100
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White, Kermit E. (5) Box 618Elizabeth City	27909
White, Robert D. (5) 900 Sunset AveRocky Mount	27801
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White Walter A. (5) 3108 Arendell St. Morehead City	28557
Whitehead A P (5) Box 1303 Rocky Mount	27801
Whitehead, J. W. (4) 508 N. Seventh St. Smithfield Whitehurst, Raymond C., Jr. (5) 519 Broad St. Wilson	27577
Whitehurst Raymond C Ir (5) 510 Broad St Wilson	27803
Whitson, Ronald W. (4) 511 S. Franklin St	20479
Willison, Rollard W. (4) 311 S. Flankin St. Willeville	20414
Whittington, P. B., Jr. (3) 228 Medical Arts BldgGreensboro	27401
Wicker, B. K. (4) Box 188	28364
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6th Gen Disn Dental Clinic APO New York N V	09011
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Wilking Ralph A (3) Box 1755	27215
Williams, Mart Ir (2) 1607 Achebora St. Commission	27400
Wilkins, W. 1., J1. (3) 1007 ASIEDOTO St. Greensboro	27406
Wilkinson, Robert M. (2) 214 Nissen BldgWinston-Salem	27101
William, Carolyn T. (2) Box 36North Wilkesboro	28659
Williams D Pohort (2)	
Williams, D. Robert (3)	
Doctors Bldg., Willow Drive	27514
Doctors Bldg., Willow Drive	27514 28209
Doctors Bldg., Willow Drive	27514 28209 28382
Doctors Bldg., Willow Drive	27514 28209 28382
Doctors Bldg., Willow Drive	28382
Doctors Bldg., Willow Drive	28382
Doctors Bldg., Willow Drive	28382
Doctors Bldg., Willow Drive	28382 28601 27360 27312
Doctors Bldg., Willow Drive	28382 28601 27360 27312
Doctors Bldg., Willow Drive	28382 28601 27360 27312 28677
Doctors Bldg., Willow Drive	28382 28601 27360 27312 28677 27101
Doctors Bldg., Willow Drive	28382 28601 27360 27312 28677 27101
Doctors Bldg., Willow Drive	28382 28601 27360 27312 28677 27101 27504
Doctors Bldg., Willow Drive	28382 28601 27360 27312 28677 27101 27504

Williamson, James M. (5) 608 E. 10th StGreenville	27834
Williamson, James M. (3) 606 E. 10th St	2007
Williamson, J. F. (3) Wadesboro	20170
Williford, William E. (2) 2032 N. Graham St	28206
Willis, Guy R. (3) 910 Central Carolina Bank BldgDurham	27701
Willis, W. Alex (5)	
Willis, W. Alex (3)	20540
Northwoods Professional Plaza, Dewitt StJacksonville	20040
Wilson, Charles R. (2) Box 147Marshville	28103
Wilson, Charles R. (2) Box 147. Marshville Wilson, F. M. (2) 101 S. Hayne St. Monroe	28110
Wilson, G. Curtis (5) 405 W. Nash StWilson	27893
Wilson, G. Curtis (3) 405 W. Nasii St.	27212
Wilson, Noah R., Jr. (3) Box 755Pittsboro	21312
Wilson, Noracella McGuire (1) 20 E. Main StSylva	28779
Wilson William D (1)	
New Hope Professional Bldg., 224 New Hope Road. Gastonia Winchester, P. W. (1) Box 628	28052
Windstand D. H. (1) Day (20)	20052
winchester, P. W. (1) Box 626	40000
Windley Heber W Ir (4) Zebillon	27597
Winstead, James L., Jr. (1) Box 2177	28739
Winter, Carlton V. (2) 1613 Montford Drive	28209
Withers, R. M. (2) Davidson	28036
Withers, R. M. (2)	20030
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Woltz, William L., Jr. (4) Box 297	27330
Wood, Jerry F. (4) Medical CenterSelma	27576
Wood, Matthew T. (3) UNC School of DentistryChapel Hill	27514
Wood, Matthew 1. (5) School of Defitistry	21014
Woodall, D. C. (4) Box 37Erwin	28339
Woodard, W. L. (5) Beaufort	28516
Woodard W I. Ir (4)	
Garner Professional Center, Rt. 1	27529
Woody, F. Spencer (3) Roxboro	27572
woody, F. Spencer (3)	21313
Woody, J. L. (1) Box 338Bryson City	28713
Woody, L. W., Jr. (1) Box 556	28777
Woody, M. E., Jr. (1) 414 S. York St. Gastonia	28052
Woody, Sidney L. (1) 414 S. York St. Gastonia	28052
woody, Sidney E. (1) 414 S. Tolk St. Gastonia	20052
Woody, W. L. (1) 107 E. Third Ave	28052
Wooten, A. L. (5) 1116 W. Vance St. Wilson	27893
Wooten Bobby G. (2)	
Suite 664 Forsyth Medical Park Winston-Salem	27103
Wester Course A (5) Pay 479	20100
Wooten, George A. (5) Box 472Snow Hill	20000
Wright, Dan (5) 602 E. 10th StGreenville	27834
Wright, E. K., Jr. (5) Box 48	27892
Wright Henry N (4) 415-A North 7th St. Smithfield	27577
Wilgit, Hemy II. (1) 110 11 1101 11 1101 111 1101	2.0
Y	
Yates, Robert A. (4) Box 265	28431
Yelton, John L. (1) Box 35Shelby	28150
retton, Julia L. (1) Box 33	20130
Yelton, William D. (1) Box 2264Hickory	28601
Yelton, W. F. (2) 531 Nissen Bldg	27101
Yelverton, Hugh (5) 111 N. Rountree St	27893
Vokeley Gilbert W (2) 412 O'Hanlon Bldg Winston-Salem	27101
Wington Colom	27104
Yokeley, K. M. (2) 767 Oaklawn Ave	27104
Yost, William F. (2) Sharon Forest Shopping Center,	
6300 F Independence Blyd Charlotte	28212
Young D Clyde Jr (2) Medical Arts Bldg. Salisbury	28144
Young Douglas M (2) 340 Nissen Bldg Winston-Salem	27101
Touries, Douglas W. (2) 340 Missell Diag. Whiston-Salem	277001
Young, D. Clyde, Jr. (2) Medical Arts Bldg. Salisbury Young, Douglas M. (2) 340 Nissen Bldg. Winston-Salem Young, H. L. (5) 119 N. Church St. Rocky Mount	27801
Young Pinkney B., III (5) 563 Evans StGreenville	27834
Vound Dalah A (A) 2002 Poole Rd Raleigh	276111
Young, T. L. (4) 920 W. Johnson St	27605
Vound W H (5)	28425
Touris, W. D. (3)	20423
Young, w. Kenneth (3) out Pasteur DriveGreensboro	4/403
	3
Z	
2	
Zaytoun Honry S (4) Suite 101 1300 St Mary's St Palaigh	27605
Zaytoun, Henry S. (4) Suite 101, 1300 St. Mary's StRaleigh Zealy, James M. (5) 610 N. Jefferson StGoldsboro Zibelin, C. V. (5) Box 407Wallace	27000
Zeary, James M. (3) 610 N. Jerrerson St	
7 ibolin (' \(\langle \) (5) Roy 407 Wallago	27530
Zibelii, C. V. (3) Box 407	27530 28466
Ziglar, James N., Jr. (2) Rural Hall	27530 28466 27045
Ziglar, James N., Jr. (2) Rural Hall	27530 28466 27045

Limmerman, H. Stokes (2) 704 Nissen BldgWinston-Salem	27101
Limmerman, John W. (2) 405 Wallace BldgSalisbury	28144
Zimmerman, L. H. (3) 164 S. Main StHigh Point	27260
Limmerman, Thomas R. (3) 164 S. Main St	27260
Zuccarello, James B. (2) 58 Lake Concord RoadConcord	28025

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Atwood, T. W. (3) 9 Carolee Apts. Elder St	27705
Bell, John T. (3) 4000 Dover RdDurhan	27707
Derby, J. E. (1) Box 1279Tryon	28782
Hooper, Lyman J. (1) A-5, Longchamps AptsAsheville	28804
Vance, A. W. (4)Point Harbo	
Sturdevant, Roger E. (3) 1306 Desert Hills Drive. Sun City, Fla	
Tates, P. P. (1) 107 S. Sharon RoadLenoi	28645

ROSTER OF MEMBERS

Arranged by towns and showing District in which each town is located. (For mailing addresses, refer to alphabetical list)

ABERDEEN, 3rd District

Medlin, E.M.

Vander Voort, C. Robert

AHOSKIE, 5th District

Brown, J. B.

Ferro, Edward R. Leary, Thomas E. ALBEMARLE, 3rd District Bowen, Carl L. Garber, M. R. Mauldin, Joel L. Overcash, R. F. Richardson, Maurice B. Smith, Robert L.

Stonestreet, F. M. ANDREWS, 1st District

Ezzell, L. L.

APEX, 4th District

Bryan, C. H. Clark, Eddie N. Jones, Marvin T., Jr.

Pearson, Paul L.

ASHEBORO, 3rd District Atwater, John W., Jr.

Bulla, Thurman C. Couch, Jon W. Davis, Hal A., Jr.

Grimsley, W. R. Killian, H. W.

Kilpatrick, Ralph E. McIntosh, James A.

Menius, John W.
Suggs, Joseph R.
Thomas, J. T., Jr.
ASHEVILLE, 1st District
Barker, O. C.
Becker, D. H.
Condlor, C. 7 Candler, C. Z. Carpenter, M. W. Carrell, George H. Cave, William P. Clark, Walter E.

Cunningham, F. S. Daniel, Gary F. Davis, Frank W

Davis, Walter H. Dudley, D. W. Elliott, Marvin L.

Garren, Robert D. Gerdes, C. Don Girard, John W., Jr.

Gregory, Lyman J., Jr. Hall, David K., Jr. Hatchett, C. Mitchell, Jr.

Hoffman, Robert R. Holmes, Robert W.

Hooper, Lyman J. (Retired)

Hoyle, Frank W. Jones, Charles E.

Keener, Harold

Kennerly, Robert B. Lemler, John F. McCracken, Clayton H. McFall, Walter T.

McFall, Walter T.
Maddox, James H.
Martin, Franklin E.
May, H. M.
Morris, Thomas A.
Morton, Thomas L.
Mundy, Carl R.
Mynatt, William A.
Osborn, Carl F.

Owen, Robert H., Jr.

Patterson, George K. Pennell, William T.

Pless, C. A.

Pless, Cecil A., Jr. Ray, Kenneth M.

Reeves, James D. Rich, C. Frank

Riddle, A. C., Jr. Roberson, Joe B.

Roberts, Pearce, Jr. Rogers, E. Kent, III

Shapiro, Eugene N. Sherrill, Claude A., Jr.

Taylor, James H.
Truluck, Moultrie H.
Turbyfill, W. J.
Walker, Curley G.
Weaver, R. C.
AYDEN, 5th District

Brown, Oscar H.

Gooding, Herbert W. BANNER ELK, 1st District

Perdue, Phillip S

BEAUFORT, 5th District Rudder, William L.

Woodard, W. L. BELHAVEN, 5th District

Johnson, Charles E., II Ralph, W. T. BELMONT, 1st District Breeland, Wade H.

Hagerty, Edward H. Karr, Robert D. Moses, Joseph M.

Suggs, Robert B. Taylor, Preston R. BENSON, 4th District

Sanders, Cleon W. Williams, Larry A.

BESSEMER CITY, 1st District Pruett, J. E.

BLACK MOUNTAIN, 1st District Brake, E. K. Love, James H. Marshburn, J. A.
BOILING SPRINGS, 1st District Trawick, David E. BOONE, 1st District Glenn, Edmond T. Graham, James B. Lawrence, Jack D. Matheson, William M. Penny, Glenn R. Reese, Gene L. BOONVILLE, 2nd District Craver, A. W. Lee, John G. BREVARD, 1st District
Clayton, W. S.
Davis, Wilburn A.
Grahl, C. L., Jr.
Massey, Milton V.
Prugh, John L.
BROADWAY, 4th District
Tulloch, Charles W. Tulloch, Charles W. BRYSON CITY, 1st District Dimsdale, James R. Woody, J. L. BURGAW, 5th District Farrior, Stanley M. Young, W. H. BURLINGTON, 3rd District Brannock, R. W. Caddell, F. S. Foushee, L. M. Frost, J. S. Garrison, N. W. Gilliam, F. E. Hinson, Thomas R. McFarland, Wilbur G., Jr.

McKenzie, Owen Ray Moore, Saunders W. Moser, Galen C. Murray, Henry V. Newman, J. U., III Patterson, George G. Perdue, H. L. Roberts, J. Ernest Scott, Ludwig G. Slott, E. F. Stephens, John A. Vollmer, T. D. Wilkins, Ralph A. BURNSVILLE, 1st District Ransom, Robert K.

Whisnant, C. M. BUTNER, 4th District Boyette, Edward G.

Menius, Jack A. CANDLER, 1st District Cole, Hugh H.

CANDOR, 3rd District McDuffie, A. A.

CANTON, 1st District Bottoms, Alton W. Cline, Albert P. Cline, Albert P., Jr.

Powell, William H. Wells, C. T. Wells, Carey T., Jr. CARTHAGE, 3rd District Underwood, Alvin E.

CARY, 4th District Davis, Edwin B., Jr. Dennis, Bill Hatcher, Hubert E.

CHADBOURN, 4th District

Yates, Robert A. CHAPEL HILL, 3rd District Allen, Don L. Barker, Bennie D. Barton, Roger E. Bawden, James W Buckland, Michael B. Burns, E. R. Burns, William T. Cathey, Gerald M. Chapin, M. E Clark, Dwight L. Courtney, Richard M. Crandell, C. E. Darden, T. H. Davis, William G. Demeritt, W. W. Dobson, David P. Drake, Claude W. Ellis, William W. Evans, Marvin R. Fountain, Stuart B. Gray, Gus W. Higley, L. B. Helmers, Gordon B. Holland, Gene A. Holland, Murry W. Hunter, Grover C. Kennedy, K. Carroll Kramer, Donald R. Laton, Joseph F. Lindahl, Roy L.
Lupton, Cecil R.
McFall, Walter T., Jr.
Marbry, Donald L.
Marks, Sandy C.
Merritt, Woodrow W., Jr.
Miketa Andrew I Miketa, Andrew J. Mitchell, Patricia S Mitchum, Kenneth E. Murray, Henry V., Jr. Nelson, R. M. Newton, Maurice E. Oldenburg, T. R. Oldham, Floy T., Jr. Overberger, James E. Price, A. Dwight Reap, Charles A., Jr. Richardson, R. E. Roberson, Theodore M. Rosenbaum, Jerry H. Shankle, Robert J. Shoulars, H. Wilson, Jr.

Sluder, Troy B., Jr.

Smiley, Gary R.

Sockwell, C. L.

Sowter, John B. Strickland, William D. Sturdevant, C. M. Wall, Joe T. Warren, Donald W. Williams, D. Robert Wood, Matthew T.

CHARLOTTE, 2nd District Albright, L. B. Alford, Frank O. Allen, Thomas I. Archer, John M., III Austin, Edward U. Aycock, Charles B. Ballard, David L. Banker, L. L., Jr. Barringer, Martin D. Barts, John W., Jr. Baucom, J. P. Baucom, Thomas A. Bean, William C. Benfield, Robert H. Biddix, Clarence F. Bishop, E. L. Black, A. R. Bottoms, Alton B. Breland, A. Breece Brown, James A. Bumgardner, A. S. Bumgardner, L. Franklin Burroughs, Robert C., Jr. Campbell, Ralph B. Compton, Dudley D. Cook, Adolphus J. Cooley, Julius R. Couch, C. Dean, Jr. Cozart, William T., Jr. Craig, Joe B. Culbreth, F. H. Culp, Donald D. Diggs, Robert M. Dixon, John H. Dunn, John R. Edwards, John G. Elliott, James J. Evans, Donald C. Fox, Burke W. Franklin, A. J. Freedland, J. B. Funderburk, Ervin M. Galarde, A. J. Galarue, A. J.
Goodman, Alvin S.
Graham, Frank R.
Graham, James E., Jr.
Guion, J. Homer
Hamer, Thomas N.
Harrelson, Honry C. J. Harrelson, Henry C., Jr. Harris, Edward F Hawkins, Reginald A. Haynes, Frank K. Heeseman, Gary, Jr. Heinz, J. W Hill, Brian P. Hoffman, Milo J. Hoover, Dan C. Hoover, R. G.

Houser, James B., III Hull, P. C., Jr. Hull, Robert H. Irwin, John R. Jarrell, William A., Jr. Jarrett, Charles A. Johnson, James B. Johnson, Ronald L. Johnston, Charles M. Jordan, John J. Keiger, Cyrus C. Kendall, James E. Kendrick, Vaiden B. Kirkendol, E. C. Kiser, J. Donald Lentz, B. P. Lofton, William C. MacKay, Noel C. McGowan, Donald J. Mack, Thomas A. Miller, Barry G. Moore, E. D. Morris, Donald W. Morris, Ernest Moses, John E. Motley, Elliot R. Murphy, Martin H. Myers, William C. Nash, George T. Nisbet, Thomas G. Owen, Kenneth D. Owen. Olin W. Patterson, Henry B. Pattishall, F. D. Pearson, Charles H. Peeler, L. B. Peery, W. Stewart Perlin, Mark N. Petersen, S. D., Jr.
Petree, R. E.
Pharr, John R.
Poole, Robert H., Jr.
Porter, W. Joseph
Reed, Charles B. Reeves, Horace P., Jr. Rehm, Jerome G. Reynolds, John A. S. Rider, Ernest A. Robinson, Charles F. Rogers, John T. Ross, Grady Ross, Heywood Schmucker, Ralph Sherrill, Luby T., Jr. Short, L. H. Simendinger, William H., Jr. Snyder, Harry G. Springer, Dennis H. Stinson, John P. Stone, David W., Jr. Stone, Fleming H. Storey, Frederick B. Stowe, G. C., Jr. Stroup, Paul A., Jr. Taylor, Caswell F. Taylor, Lois E.

Templeton, William B. Thorpe, J. O. Troutman, Dennis F. Twisdale, Harold W. Wall, Lester E. Waller, D. T. Watson, Robert H. Webber, Spurgeon W., Jr. Wilkie, Bernard Wilkle, Bernard
Williams, Egbert P.
Williford, William E.
Winter, Carlton V.
Yost, William F.
CHERRYVILLE, 1st District
McKee, Raymond A.
Smith, Ray Hoyle
CHINA GROVE, 2nd District
Thompson Harold W Thompson, Harold W. CLAYTON, 4th District Payne, J. M. Tew, J. J CLEMMONS, 2nd District Nifong, Paul D. CLIFFSIDE, 1st District Hunt, John J. LINTON, 4th District Bell, Morris L. Herring, W. I. Merritt, William E. Powell, J. B. Turlington, R. H. CLYDE, 1st District Miller, George I. COLUMBUS, 1st District Oliver, John N. CONCORD, 2nd District Carlough, Robert Davis, Joe V. Ezzell, J. W. Harrell, Daniel B. Jones, B. E., Jr. Patterson, R. M. Reece, J. P. Sapp, Hubert B. Tesh, Phillip G. Wadsworth, Charles H. Zuccarello, James B. CONOVER, 1st District Canrobert, C. W., Jr. Holt, William E Sowers, Jerry W. CONWAY, 5th District Clark, George E PROSSNORE, 1st District Sloop, William M. DALLAS, 1st District Mayberry, Ronald L.

AVIDSON, 2nd District Withers, R. M. DENTON, 2nd District Hawkins, Ralph O., Jr. OBSON, 2nd District Folger, J. M. PREXEL, 1st District

Fair, Ronald E.

Shelton, Vader, Jr.

DUNN, 4th District Gorman, Richard F. Hooper, Glenn L. Jernigan, J. A. Jernigan, Jerry O'Dell Roberts, C. E. Townsend, Gordon L. DURHAM, 3rd District Abbey, Wallace D., Jr.
Adams, C. A., Jr.
Adams, C. A., III
Atwood, T. W. (Retired)
Bowling, Howard X.
Byerly, Charles T., Jr.
Caldwell, Clell S.
Campbell, Joseph E.
Carr, Daniel T.
Carr, Henry C.
Cherry, M. L. Cherry, M. L. Citrini, Richard J. Clark, C. F., Jr. Dilday, John S. Dixon, T. L. Dorton, John Draughon, Donald R. Draughon, Wallace R. Georgiade, N. G.
Georgiade, N. G.
Getsinger, Duncan M.
Griffin, W. Kimball
Harris, Guy V.
Heath, LeRoy K.
Howell, W. C., Jr.
Kanoy, B. Edmond
Kirkland, George F., Jr.
Lazenby, Glenn A. Jr. Lazenby, Glenn A., Jr. Leggette, James A., Jr. Little, T. A. Mainwaring, John W., Jr. Matney, John L. Monk, Henry L., Jr. Pierce, T. Carlton Quinn, Galen W Ramos, Frank M. Ross, Norman F. Ross, Thurman J. Sapp, Baxter B., Jr. Stallings, June H., Jr. Stallings, Riley S., Jr. Styers, Thomas R., Jr. Sugg, R. W. Van Vleet, David E. Walker, M. E. Wentz, W. Robert Willis, Guy R. EAST BEND, 2nd District Garriott, Rosebud Morse EDEN, 3rd District Sugg, Charles H. EDENTON, 5th District Hart, W. I. Hines, Richard N., Jr. Hornthal, Allen L. Horton, Johnnie H. **ELIZABETH CITY, 5th District** Fields, Wade T. Gollobin, Arthur

Griffin, Lloyd E.
Haynes, John E.
Jones, Clifford B.
Jones, Clifford B., Jr.
Nixon, H. E.
Riggs, A. F.
Spence, W. M.
White, Kermit E.

ELIZABETHTOWN, 4th District Jessup, Percy W., Jr. Johnson, Clemuel M. Keith, William C.

ELKIN, 2nd District Duncan, Allie H. Harrell, James A. Harrell, R. B.

Hartness, William R., III Parks, Eldon H. Pruett, L. Doyle

Schiebel, E. C. **ELLENBORO**, 1st **District** Stroud, Charles D.

ENKA, 1st District
Qualls, Dixon L.
ERWIN, 4th District
Woodall, D. C.

Woodall, D. C. FAIR BLUFF, 4th District Waddell, M. A.

FAIRMONT, 4th District Floyd, Daniel J. Purvis, P. C.

FALLSTON, 1st District Lutz, Gerald W.

FARMVILLE, 5th District Horton, Thomas J. Jones, Paul E. Mercer, William C., Jr. Warren, Bert B.

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Grant, Ben P.
Henson, David E.
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Roberts, David A.
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Cox, James L.
Delbridge, Matthew G.
Ennis, Myron H.
Heeden, William M., Jr.
Hinnant, R. Willard
Houston, Ben H.
Lee, James H.
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Wallace, George M.

Zimmerman, L. H. Zimmerman, T. R. HILDEBRAN, 1st District Lyerly, Alan R. HILLSBOROUGH, 3rd District Carroll, Larry W. Moore, H. W **HUDSON**, 1st District Hefner, Allen R. **HUNTERSVILLE**, 2nd District Jurney, Henry C. JACKSON, 5th District Grant, L. C., Jr. JACKSONVILLE, 5th District Anderson, Wayne C. Browning, Henry D., III Demary, C. J. Gaskins, R. Hogan, Jr. Johnson, C. B. Jones, William R. Ketcham, William S. Morgan, W. Kenneth Reid, Thomas B., Jr. Turner, L. R. Willis, W. Alex JAMESTOWN, 3rd District Herndon, Claude H. JONESVILLE, 2nd District Miller, Fred C., Jr. KANNAPOLIS, 2nd District Lipe, E. W.

Miller, Fred C., Jr.

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Morgan, E. Brown
Morgan, E. B., Jr.
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Ridenhour, C. E.
Slaughter, Freeman C.
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Lewis, O. P.

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Beasley, Britton F.
Cameron, James E.
Dupree, L. J.
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Bratton, Lewis P.
Civils, H. W.
Gilbert, William B.
Hand, W. L., Jr.
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Jackson, Samuel P.
Johnson, Charles B.
Miller, Fred H.
Miller, Roy A., Jr.
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Trail, Julian S.

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Moye. Robert W. Murphy, Richard F. Nelson, J. S. D. Nelson, T. E. Nicholson, M. P., Jr. Oakley, Kenneth H., Jr. Pearce, J. A. Pearson, E. A., Jr. Perry, T. Edwin Povlich, John F., III Rankin, W. W. Roe, Jere E. Sager, Robert H. Schneider, William G. Seifert, D. W., Jr. Sherwood, William J., Jr. Smith, A. L., Jr. Smith, Everett L. Smith, Vonnie B. Stanley, Lloyd B. Swain, John P., Jr. Swindell, James E. Thompson, Sanford W., III Towler, S. B. Upchurch, Jack B. Walker, W. Keith Young, Ralph A. Young, Thurman L. Zaytoun, Henry S. RAMSEUR, 3rd District Graham, C. A. Graham, C. A., Jr. Thomas, Robert E. RANDLEMAN, 3rd District Chamberlain, Vander F. Kistler, C. D. RED SPRINGS, 4th District McKay, S. R. Stephenson, G. W. REIDSVILLE, 3rd District Almond, C. Franklin Caldwell, Charles K. Daniel, Robert Lee Moore, J. S. Moore, Walter H. Teague, Everette R. Upchurch, Gilbert R. Wheless, J. R. RICH SQUARE, 5th District Brown, James W. Outland, Robert B., Jr. ROANOKE RAPIDS, 5th District Daniel, R. A., Jr. Matkins, John A. Murphrey, W. E., Jr. Peck, Robert B. Smith, Samuel I. Ward, James A. ROBBINS, 3rd District Alexander, W. E. ROCKINGHAM, 3rd District

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Nicholson, Robert A.

Stubbs, J. M.

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Wells, DeLeon, Jr.
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DeHart, V. L.

Shelton, Clavis O.
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Horton, Leland C. Horton, R. L.

WEST JEFFERSON, 1st District Jones, E. D. Summey, Brett T.

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Smith, Clayton B., Jr.
Smith, James H. Smith, Junius C. Stike, J. R. Thomas, C. A. Thompson, Horace K. Weathersbee, Ramsey Weathersbee, Ramsey, Jr.

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Gordon, Alan B.
Greiner, Frank L.
Griffin, Wallace S.
Hartness, J. F.
Healey, Kent W.
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Johnson, Carol H.
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THIRD DISTRICT. Standing: James B. Howell, secretary-treasurer; C. Fred Clark, Jr., president-elect; Joseph R. Suggs, delegate; Ludwig G. Scott, vice president. Seated: Maurice B. Richardson, retiring president; L. P. Megginson, Jr., president.

FOURTH DISTRICT. Walter H. Finch, Jr., past president; Robert T. Byrd, alternate delegate; Penn Marshall, Jr., immediate past president; P. C. Purvis, president; John N. Denning, delegate; Harold E. Maxwell, president-elect.

FIFTH DISTRICT. James L. Cox, presidentelect; T. S. Fleming, president; James A. Privette, secretary-treasurer; David H. Freshwater, editor; William E. Kidd, vice president.











News briefs from . . . North Carolina Dental Hygienists' Association



ADHA in Miami Beach

Representing the North Carolina Dental Hygienists Association at the 45th annual session of the American Dental Hygienists Association at Miami Beach October 28-31 were Mrs. Margaret Cain of High Point, delegate, and Mrs. Letitia Morris of Winston-Salem, alternate.

Representatives of District VI which includes North Carolina were hostesses in the Hospitality Room at the Deauville Hotel, headquarters for the meeting.

First District

The First District of NCDHA met in Asheville at Grove Park Inn, September 30. Seven members were present. Jean Stines presented the Constitution and Bylaws for approval and it was accepted.

Officers elected were: Barbara Lail, president; Ann Morrow, vice president; and Nancy Crisp, secretary-treasurer.

Second District

Twenty-five members met September 22 at White House Inn, Charlotte, approved the proposed Constitution and Bylaws, and elected the following officers: Mrs. Loretta Gaddy, president; Julie Smith, vice president; and Woodie Van Hoy, secretary-treasurer. Mrs. Pam Richards was appointed chairman of a committee to arrange for the annual meeting in 1969.

Third District

The Third District of NCDHA met at Mid Pines Club, Southern Pines, October 7. Officers elected for the coming year include: Mrs. Mary Burke, Greensboro, president; Mrs. Bobby Phipps, Greensboro, vice president; and Mrs. Katherine Neal, Chapel Hill. The District adopted the proposed Constitution and Bylaws.

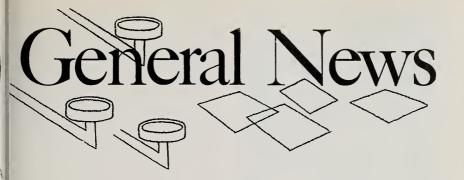
Fourth District

Eighteen members of the Fourth District gathered at the Statler Hilton in Raleigh October 14. Guest speakers at the luncheon were Miss Alberta Beat and Miss Kathy Ellgood. The District unanimously adopted the proposed Constitution and Bylaws and elected the following officers: Mrs. Betty Whitaker, president; Shiela Boyette, vice president; and Charlotte West, secretary-treasurer.

Fifth District

Twelve members registered at the Fifth District Meeting at the Blockade Runner on Wrightsville Beach September 15. Officers elected for the coming year were: Mrs. Charlotte Berry, president; Pat Caston, vice president; and Mrs. Joy Jackson, secretary-treasurer.

The District presented a table clinic titled "Utilization of the Dental Hygienist" at the annual meeting of the Fifth District Dental Society.



Mrs. Cunningham Dies

Mrs. Dorothy F. Cunningham, the wife of Andrew M. Cunningham, executive secretary, died suddenly at Wake Memorial Hospital in Raleigh December 18, 1968.

A familiar and cheerful face at dental meetings throughout the State, she maintained the membership records at the Central Office, was responsible for registration at the annual meetings, and worked closely with the Dental Auxiliary.

Her services will be sorely missed for she ably and competently performed many "behind the scenes" chores at the Central Office which would never have been accomplished out for her, and which so many members and officers took for granted.

Dr. Coffey Appointed

Dr. Ralph D. Coffey of Morgancon has been appointed chairman of the ADA Council on Insurance for 1968-69 by the Association's Board of Trustees. This will be his second year on the Council.

Dr. Coffey is a past president of the North Carolina Dental Society and is currently serving his ninth consecutive year as speaker of the Society's House of Delegates.

Dr. McGuirl Installed

Dr. Hubert A. McGuirl of Providence, R. I., was installed as 105th ADA president at the Association's annual session in Miami Beach, October 27-31. Dr. Harry M. Klenda of Wichita, Kansas defeated Dr. Thomas P. Fox of Philadelphia for the post of president-elect. The House elected Dr. Joseph B. Kennedy of Des Moines, Iowa, first vice president, Dr. Jerome J. Hiniker of Washington, D. C., second vice president, and Dr. George J. Coleman of Coral Gables, Florida, third vice president.

Dr. Arthur W. Kellner of Hollywood, Florida was named trustee from the fifth district which includes North Carolina for his second term. Also re-elected was Dr. Carlton H. Williams of San Diego, who was named speaker of the house for a third term.

ADA Dues Increased

The ADA House of Delegates approved a \$15 increase in dues, reaffirmed its position on licensure, adopted guidelines for three major health programs and approved a North Carolina resolution rescinding the ADA's endorsement of a pamphlet by the National Confectioners

Association at its meeting in Miami Beach October 27-31.

In other actions, the delegates also passed resolutions on continuing education, radiation hygiene, and the ADA Principles of Ethics.

The ADA Board of Trustees recommended a \$20 increase in dues effective January 1, 1969, but the resolution failed to win the necessary two-thirds majority. The House reconsidered the question, and then raised the dues from \$40 to \$55 annually.

The house adopted by a substantial majority a resolution by North Carolina directing the ADA by appropriate action to rescind its approval of "How to Protect Dental Health While Enjoying Candy" published by the National Confectioners Association.

Delegates affirmed the principle of state licensure and opposed "any proposal which would place this important state function under federal regulation." In addition, state societies were urged to consult with the state boards "to give continuing consideration to methods of determining the qualifications of candidates for licensure."

Guidelines for Neighborhood Health Centers oppose the closed panel concept and provide that patients should obtain dental care through private dental offices.

Title XIX guidelines stress the importance of prevention, recommend treatment by private practitioners, and give highest priority of comprehensive dental care to eligible children.

Guidelines for Comprehensive Health Planning encourage constituent and component participation in areawide planning, recommend that dental care be an integral part of comprehensive health planning, and that the unmet dental needs of the indigent population receive high priority.

The House adopted a resolution urging state societies to consult with state boards to develop mechanisms to foster continuing education programs for licensed dentists.

On radiation hygiene the delegates voted to amend one of the ADA's recommendations to read: "Radiograph examination is a diagnostic procedure. The dentist's professional judgment should determine the frequency and extent of each radiographic examination."

Two resolutions amended the Principles of Ethics. Section 15 was expanded to read: "A dentist may not use his title or degree in connection with the promotion of proprietary schools or other commercial endeavors or products."

Section 8 was amended to read: "The dentist has the obligation of not referring disparagingly, orally or in writing, to the services of another dentist to a member of the public."

New GTI Building

Ground was broken for a new Health-Science Building at Guilford Technical Institute near Jamestown on October 28. The new airconditioned, two and a half story structure will cost \$680,000 and will house the dental assistant and dental hygiene training programs, laboratories for chemistry, biology, and physics, as well as the practical nursing program. It is expected to be ready for use when the school begins its fall semester in 1969.

Central Office

Loses Mira

Miss Mira Riddle, who has been associated with the North Carolina Dental Society for the past thirteen years, resigned from her position as Central Office Secretary October 31. She has returned to her home in Morganton because of the illness of her mother.

In 1955 Mira, as she was so familiarly known throughout the profession, came to work for Dr. Ralph D. Coffey who was then the Society's secretary-treasurer. When the Central Office was established in Raleigh, in October 1955, she became secretary to Mr. Andrew M. Cunningham, newly appointed executive secretary.

She made her last rounds of the Districts last Fall, and in grateful acknowledgement of her years of devoted service to the Society she received many "going away" presents. The Executive Committee, who perhaps will miss her most of all with but one exception (her boss for thirteen years), presented her with a wrist watch in appreciation of her many contributions to the Society.

On October 21 Mrs. Kathryn Montague of Raleigh became the new Central Office Secretary and assumed the duties for which Mira was formerly responsible.

N. C. Dentist in East Africa

Dr. Charlie H. Harrill of Lincolnton spent five weeks last summer at a small missionary hospital in the high hills of East Africa administering to the dental needs of the natives.



MIRA RIDDLE proudly displays her "going away" present from the Second District.

The only equipment he had available besides forceps, syringes, mirrors, and filling materials was a portable engine and an old eye, ear, nose and throat chair. A gasoline operated generator furnished current to operate the engine.

Dr. Harrill found an old hospital type X ray machine at the hospital which was inoperable. With a little experimenting and adjusting it was in operation before Dr. Harrill completed his five week stay.

Hinman Clinic

"Panels For Progress," a new addition to the scientific program, will highlight the 57th annual Thomas P. Hinman Dental Meeting at the Marriott Motor Hotel in Atlanta March 23-26, 1969.

All guest clinicians will participate in one or more of the panels, designed to cover subjects the audience wants to hear. Panels will include: Peridontal-Prosthetic Panel, Endodontic Panel, Practice Rehabilitation Panel, Restorative Dentistry Panel and a special panel for auxiliary personnel.

Among the twelve featured clinicians on the program is Dr. J. B. Freedland of Charlotte. His topic will be "The Practitioner, The Patient, and The Pulpless Tooth."

Dr. Miller Aboard S.S. Hope

Dr. Fred C. Miller of Jonesville returned late in August from a two-month voluntary tour aboard the S. S. Hope in Ceylon, a small island nation of impoverished people off the southern tip of India.

The S. S. Hope, sponsored by the People-to-People Health Foundation, Inc., and supported by voluntary contributions from the American people, has a staff of 150 physicians, dentists, and paramedical personnel who work with their counterparts in the various countries visited. While in Ceylon Dr. Miller participated in a teaching and treatment program designed to up-grade dental care in a country of 12 million people where equipment is



out-dated and the level of professional training is low.

He divided his two-month stay about equally between lecturing dental students at the University of Ceylon in Kandy and working in the clinic aboard ship.

Commenting on his tour Dr. Miller said: "It was thrilling. We weren't concerned with the trivial things which sometimes complicate American living. We were only concerned with helping those poor people. We did help and it was most satisfying."

Gift of Sight

As educated professional men, dentists will appreciate the program of the North Carolina Eye Bank, Inc., which in association with Lions Clubs throughout the State obtains eye wills for the use of eyes after death. These eyes are used to restore sight in those blinded by injury or infection and the operation is highly successful. The will is authorized by State law and each donor receives a card to carry with him. All eyes are useful for the above purpose or for research.

Anyone interested may contact any member of Lions International or drop a card to Dr. Charles K. Rath, Drawer D, Apex, N. C.

Dental Benefits Expanded

The Department of Public Welfare on November 1 announced an expanded program of dental care

DR. FRED C. MILLER examines patient in Ceylon clinic while dental student abserves. Note the face mask on the native dental assistant for welfare recipients including diagnostic services, periodontal services, and full and partial dentures. Previously only emergency palliative treatment, extractions, fillings, and repairs to dentures were provided.

Eligible for the new benefits are welfare recipients 65 years of age and older who qualify under the following programs: Old Age Assistance, Medical Assistance to the Aged, and Aid to the Permanently and Totally Disabled.

Dentists providing these services have been requested to bill the State on a usual, customary, and reasonable fee basis. Reimbursement will be according to the State Agencies Dental Fee Schedule adopted October 1, 1967.

It is estimated that the expanded program of dental services will cost the State \$1.5 million annually, based on 40 per cent participation.

Scrap Amalgam Drive Set

Scrap amalgam will be collected by the North Carolina Dental Auxiliary during the week of February 17-22. The proceeds will so to the North Carolina Dental Auxiliary Fund which has been stablished to provide grants to support varied projects in the field of dentistry in this State. The fund will be supervised by the Dental Foundation of North Carolina, Inc.

Since 1953, the Auxiliary has been conducting annual scrap imalgam drives for the benefit of the North Carolina Dental Society Relief Fund which now has almost \$50 thousand in assets. Present day considerations, including social security, self-employed retirement

plans and other annuity benefits available to the dental practitioner have precluded further accumulation of money in this particular fund, according to Mrs. C. Fred Clark of Durham, chairman of the 1969 scrap amalgam drive. Last May the Auxiliary established the North Carolina Dental Auxiliary Fund to be supported from future scrap amalgam drives. The action was approved by the House of Delegates of the North Carolina Dental Society.

"Discover Dentistry"

"Discover Dentistry," a TV tape produced by the North Carolina Dental Society in cooperation with the North Carolina Association of Professions will be re-broadcast over the WUNC Educational TV network on Wednesday, February 19 at 8:00 p.m.

Designed to interest high school students in a career in dentistry the tape will be shown in the following areas: Asheville, Morganton, Hickory, Greensboro, High Point, Burlington, Durham, Raleigh, Washington, Greenville, and Wilmington.

School guidance counselors in each of these areas are arranging for dentists to serve as consultants and be available for questions by students who will be invited to assemble at the local school to view the broadcast.

The tape is one of a series of six on professional careers sponsored by the NCAP and originally broadcast by WUNC-TV last Spring. "Discover Dentistry" was prepared by a committee consisting of: Drs. William D. Strickland, chairman,

Roger E. Barton, Ben Baker, Robert Wentz, and Roy Earp. It was organized and taped by Dick Snavely of the UNC-TV Network.

The Committee was assisted by the late Dr. Lamar Harrison and Mr. Rupert Bynum of the UNC School of Dentistry staff.

NCAP Meeting Set

The North Carolina Association of Professions will hold its annual meeting on Thursday, February 20, at Velvet Cloak Inn, Raleigh.

The annual business meeting is scheduled for 3:00 p.m. and will be followed with a dinner that evening. NCAP members are asked to invite their Representatives and Senators to the dinner meeting. The guest speaker for the meeting will be announced later.

Ohituaries

Marshall R. Barringer, 58, of Newton, a member of the First District Dental Society, died December 7, 1968.

Robert P. Hamilton, 48, of Cary, a member of the Fourth District

Dental Society, died December 15, 1968.

Wilbert Jackson, 77, of Clinton, a life member of the Fourth District Dental Society, the North Carolina Dental Society, and the American Dental Association, died October 26, 1968. He was president of the North Carolina Dental Society from 1932 to 1933.

Joshua M. Kilpatrick, 67, of Robersonville, a life member of the Fifth District Dental Society, the North Carolina Dental Society, and the American Dental Association, died December 14, 1968.

Worrell K. Lindsay, 56, of Fayetteville, a member of the Fourth District Dental Society, died July 21, 1968.

John F. Reece, 83, of Lenoir, a life member of the First District Dental Society, the North Carolina Dental Society, and the American Dental Association, died December 10, 1968. He was president of the North Carolina Dental Society from 1937 to 1938.

Thomas K. Smith, 31, of Fayette-ville, a member of the Fourth District Dental Society, died September 30, 1968.

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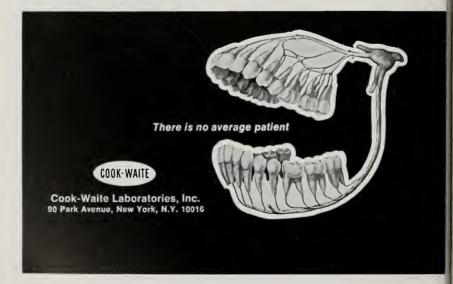
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from the meat group ... when some eggs and glandular meats are chosen ... \(\frac{1}{3} \) the protein and iron ... \(\frac{1}{2} \) the niacin ... and \(\frac{1}{4} \) the thiamine, riboflavin and vitamin \(A \)...

from vegetables and fruits ... all the vitamin C ... 3/4 the vitamin A value ... 1/4 the iron ... and 1/5 the thiamine ...

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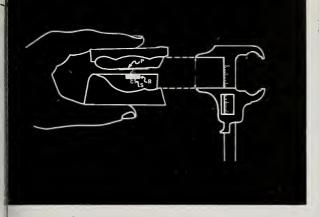


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Monday, March 24

Featuring: Dr. Alfred Frank, Dr. Iacob Freedland, Dr. Bruce Rice

2:00 to 3:30 p.m.

PRACTICE REHABILITATION PANEL

Tuesday, March 25

10:30 a.m. to noon

Featuring: Dr. Robert Barkley, Dr. Charles Fain, Dr. lacob Freedland, Dr. S. Howard Payne

RESTORATIVE DENTISTRY PANEL

Tuesday, March 25

2:00 to 3:30 p.m.

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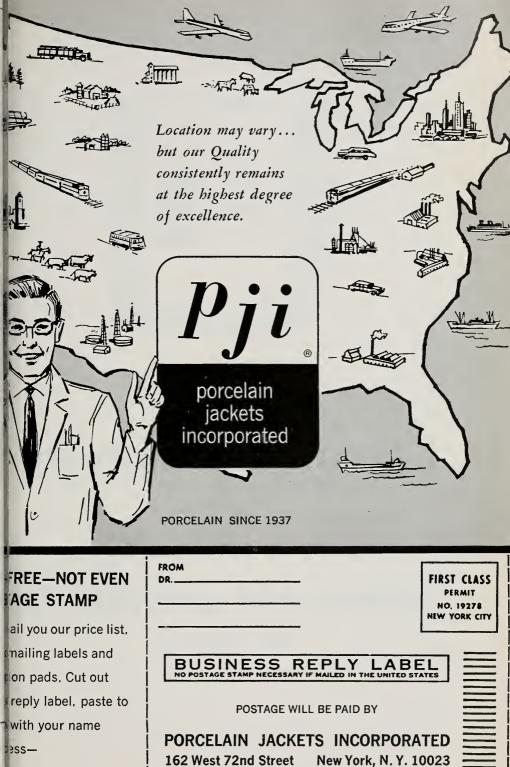
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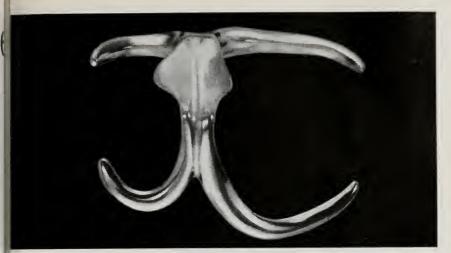
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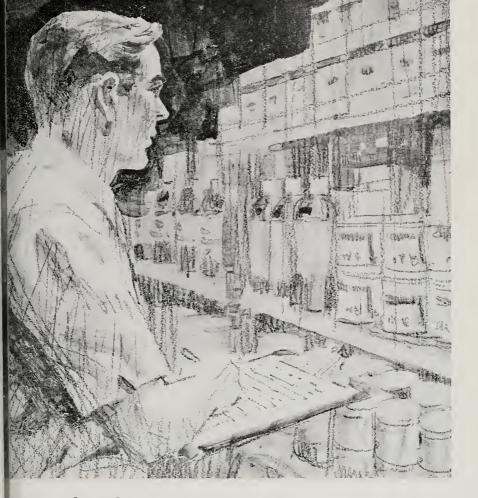
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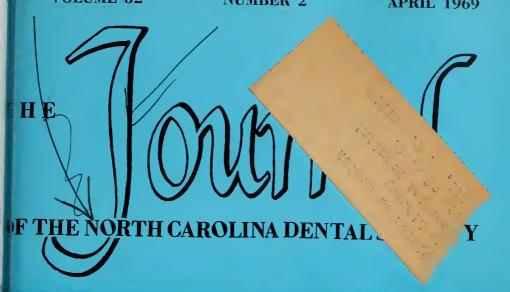
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THE JOURNAL

of

The North Carolina Dental Society

(A Constituent of the American Dental Association)

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COVER PICTURE: A familiar scene to Society members. The Carolina in Pinehurst, headquarters for the 113th Annual Session, May 11-14.

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In grateful appreciation this issue is dedicated to . . .



Pearce Roberts, Jr., D.D.S.
Asheville

Dentistry has made great progress during recent years, due in large part to men in our profession that have given unselfishly of their time and talents. It is only fitting that this issue of THE JOURNAL be dedicated to a man who has done just this.

Dr. Pearce Roberts was born in Weaverville, North Carolina, attended Mars Hill College, and graduated from the Medical College of Virginia in 1941. He interned in Walter Reed Hospital and entered private practice in Asheville in 1946.

His record of leadership and achievement in dentistry is illustrated by his participation in numerous professional organizations. He has been a true leader in our Society, having held many local, district and state offices, including president of the State Society.

We are indeed fortunate to have a man of such uncompromising an unselfish dedication providing leadership in our profession today.



The President's Page

Dr. Harold Maxwell has given us assurance that our 113th Annual ession to be held in Pinehurst May 11-14, will be a lucky one. You re cordially invited to participate in an outstanding four-day session, and encourage your attendance with the idea of taking home some knowledge hich will help you in your daily practice of dentistry.

The outstanding clinicians — Dr. Ralph Phillips of Indianapolis, Dr. sill Doland of Coral Gables, Florida, and our own Dr. Galen Quinn of Durham — will provide the background for a new approach to scientific nowledge. You would not wish to miss this kind of information because will provide ideas that will be useful in "bread and butter" dentistry.

This program has been designed to reach our hygienists, dental laboratry personnel and assistants, whatever their capacity in your offices. lease extend an invitation to them so that they will feel we need their articipation. It would be helpful if you could supply their names to Ir. Cunningham so that we might pre-register everyone who will be vited to attend.

The President-Elect of the American Dental Association, Dr. Harry lenda of Wichita, and our trustee Dr. Arthur W. Kellner will be with s. Please make it a point to meet these gentlemen if you do not already now them. Consider the value in making them feel welcome and extend is courtesy to all our visitors.

It is impossible for any President to properly express his appreciation r those who have done so much to make his term of office a success. It is thought in mind, I humbly submit to you that the things we tre accomplished this year have been largely due to the untiring, unlifish devotion to North Carolina dentistry that is shared by many embers. I am proud of each one and admire more than ever their illingness to forget the cost in time, family contact and financial sacrifice.

COLIN P. OSBORNE, JR.

Editorials

NORTH CAROLINA IS A LEADER

It is through the dedicated members of our dental profession that makes this state a leader. Visit ADA headquarters and you find immediately the respect given to North Carolina. This does not just happen. It is through your elected officials from district to state to national levels working for you. It is through the leadership provided by our dental school faculty. It is through your elected officials from district to state to national levels working for you. It is through the leadership provided by our dental school faculty. It is through the dedicated dentists who volunteer their time and knowledge to auxiliary schools for no remuneration except their helping to progress dentistry. It is through members of our profession serving their communities and state by their civic involvements. It is your executive committee, your state board, and many various planning committees that meet until the dawn hours planning the future of dentistry for both the practicing dentists and our public. It is dental politics. Why are these

men so dedicated to dental politics? Only one answer. They are dedicated for *you*.

They must be doing their job well. Seven states, two years ago, got through their legislature as much of the North Carolina Dental Practice Act as possible. At this writing seventeen states are attempting to secure the permissive legislation for dental auxiliaries as North Carolina has under its rules and regulations authority of our practice act.

An attempt is being made to secure the cooperation of the Council on Dental Education, the American Association of Dental Schools. the American Dental Hygienists Association, the American Dental Assistants Association, in conjunction with the American Association of Dental Examiners to formulate a definite and concrete proposal or, formal training for dental auxiliaries for all the dental profession to approve and to activate. North Carolina's influence will be felt in this endeavor as North Carolina is and will continue to be a leader.

PHI BETA KAPPA CURTAIN

The trend in selection of students for the various educational programs in dentistry threaten to cut society in two. This may be true in other areas of student selection also. We are in danger of confining access to opportunity to less than half of our young people, who have either marked exceptional abilities for assimilating facts or have uni-

laterally and solely addressed thei energies to procurement of grades. We are thus denying full citizen ship and opportunity to a large group — 15 to 20 per cent, per haps, of our young people who have concerned themselves with civic cultural, character building, church and family pursuits while in thei academic preparation. These youn

eople historically and factually, hile not denying or taking anything way from the exclusive group, are ne ones who have contributed so enerously over the years to the rowth of the dental profession.

The comment of a learned dean f a school of dentistry is, in fact, apported by what we see all too ften — "There is a tendency and a fact it's understandable that the oung man who for 12 or 15 years oncentrates all his energies on the ursuit of just a grade for its value hay easily transfer his pursuit to be dollar bill when once he no onger has all his decisions made or him."

In a knowledged society, school nd life can no longer be separted. They have to be linked in an rganic process in which the one eds back on the other. Do we ant in dentistry persons who will e continuing students responsive to ne moral character of our comunities' civic and social life? Or ould we rather have persons who an terminate their "educational exeriences" with all the answers, reponsive to none?

By denying opportunities in fields f dentistry to that 15 to 20 per ent of our population with superior bility, capacity to achieve, motivaon, and a sensitive responsiveness, e shortchange our profession. No vidence is at hand that there is such correlation between ability to erform in life and work and grades ecumulated (except perhaps in urely academic work). There is no eason to believe that a Phi Beta appa key certifies too much more nan that the holder has sat for a ong time and intently pursued the bstract.

This attitude is not only new in American history, it is singularly stupid. The great strength of American dentistry throughout history lay in our willingness to look at people from all perspectives, to use human resources, in our willingness to put total ability, ambition, background and dedication to productive use wherever it arose.

While we all recognize the great difficulty of selecting people for the various programs in dentistry, there is and must be a general concern for the blind acceptance of the unilateral "academic ability." Would not all our information suggest that perhaps this may be an accident of birth, just as race, or sex, and not a very meaningful one at that. The "curtain" that is being so indiscriminately drawn necessarily raises these questions — has success spoiled the schools? Will the schools further separate themselves from their sole support, the citizenry? Education last year required approximately 75 billion dollars in this nation, public and private. This expenditure will continue to increase. Does dental education not need the support of the profession to sustain its part in the total economy?

If the Phi Beta Kappa curtain is to be drawn, practicing dentists will have to draw it. It is with no pride that you are reminded that we shared in the generous amount of 87 cents per dentist in 1967 donated to the American Fund for Dental Education. O yes, you are right, some of us gave a bit to our individual schools!

You hold the string that controls the Phi Beta Kappa curtain. Yours is the decision. What will it be? This date will make more of a significant change in your practice than did the advent of the air-turbine handpiece. This marks the end of preceptorship training for dental assistants. Any person who becomes employed as a dental assistant after January 2, 1970 without having completed an accredited education and training program will remain a Category I dental assistant until certification eligible.

What This Means

1. That assistants will be classified by their training and education and their permissive duties will be governed by this training.

2. Outsiders are not making the policies for the practice of dentistry in this state. They are made through you, for you, by your elected State Board members.

- 3. The North Carolina State Board of Dental Examiners can by its rules and regulations allow dentists unlimited permissive use of auxiliaries if the majority of practicing dentists of this state so decrees.
- 4. The Board wishes to greatly expand the duties of auxiliary personnel but would reserve these expanded duties to those with formal education.
- 5. It is believed this is the best way to build a dental health team to meet the growing demands on dentistry.
- 6. These trained auxiliaries will be delegated this authority of permissive duties within the practice act and their actions can be defended in court if need be. Your protection.

This Class I assistant will be al-

lowed to do all that an assistant can do today but will not have expanded duties now planned for the Class II assistant. It is hoped this will encourage assistants to become certified. This trained auxiliary will receive more recognition and her value to the dental team will be increased because of these expanded duties.

The day has past when the labor market permits easy procurement of employees. How fortunate we are in North Carolina to have (FIVE) schools for training of auxiliaries. The dentists can and should definitely influence the training given by these schools. Is it not possible that programs of certification can be offered as night courses, for those already employed, which need not be of extensive length or expense? Today's practice of dentistry car be no better than those performing it. Is it not feasible for an assistan to have a basic knowledge from which her doctor can further train her? Will this program hinder the practice of some because of their geographic location? Will this pro gram be in the best interest of the dentist, the public, or both? Ar these changes for prosecution of protection? There are many ques tions to this problem but also a equal number of solutions to kee dentistry in this state progressive

Any questions on this permissiv use of auxiliaries directed to Th JOURNAL will be answered in the next issue. This is an important ste we are facing. It involves all of us The state meeting in May will give you direct access to all of you elected officials. Ask questions. Do mand answers.

HOW ABOUT THIS?

Where are we headed? Can those who would change the superstructure sail the ship?

As this nation went into armed conflict resulting in the now so-called Civil War, a British thinker, Thomas McCauley, looked our way and left these thoughts....

"Your republic will be fearfully plundered and laid to waste by barbarians in the twentieth century as the Roman Empire was in the fifth, with this difference, that the Huns and Vandals who ravaged the Roman Empire came from without and

your Huns and Vandals will have been engendered within your own country, by your own institutions."

What institutions?

Social Welfare? Civil Right? Civil Liberty? Quality Education? Health Service for everyone

A ship is a ship because of particular characteristics — architectural features — and so it is with man — he separates from other animals by reason of his dignity and pursuit of freedom — how about this? — Let's let dentistry do its share to prove McCawley wrong!

BARBER SHOP HARMONY will be presented by the Raleigh Chapter of the Society for the Preservation and Encouragement of Barber Shop Quartet Singing in America, Inc., on Tuesday evening during the 113th Annual Session at Pinehurst. Paul B. Conway directs the group and Dewey Huffines, Jr., is the master of ceremonies.



Who Needs This Investment?

by Barry G. Miller and Helen Beleos

To some dentistry and meal-planning seem so far fetched. The fact that the dental dollar and food dollar could be used more efficiently for a bountiful long life filled with recognition is a vague thought. A vibrant, energetic personality is someone else.

The All-American beauty and athlete do not just happen. Their glowing health, their easily recognized personalities, their enthusiasm, and their many resources saved are direct results of good nutrition.

When consultations are held with parents and patients, then their everyday living can be observed. During these consultations, the discussion of a daily diet plan must be brought into focus.

To many these aspirations make good sense and the doors are opened to a new adventure through the oral cavity!

When a typical consultation begins, a discussion follows to determine the type of diet plan that can be employed to avoid an all carbohydrate meal and snack time.

Consultant: "Good morning! We appreciate this opportunity to share a few minutes with you the ideas of good nutrition in and for dentistry.

"When a person's intake of carbohydrate is excessive, the acid formed from the action of bacteria on certain types of food may break down tooth enamel. This allows bacteria to penetrate the inner portion of the tooth. Once the tooth is completely formed, the susceptibility of caries cannot easily be changed. Fully matured teeth do not accept new nutrients in any significant amounts. The oral bacteria in the saliva and in the dental plaque as well as the food that remains lodged in and around the teeth can be controlled — but not always eliminated.

"That is why we stress appreciable amounts of proteins, vitamins and minerals in the diet with reduction of carbohydrates."

Concerned Parent: "What are some of the carbohydrate foods that are not beneficial?"

Consultant: "Jams, jellies, carbonated drinks, crackers, potato chips, cookies, candy, sweetened prepared cereals are some of the starches and sugars that tend to stick or remain between the teeth and hence, the teeth should be cleaned, and the mouth rinsed shortly after eating. This practice, if taught to children at an early age and encouraged, will become a persistent habit.

Concerned Parent: "What foods could best be used for snacks?"

Consultant: "Apples, carrots, celery, cucumbers, pears, and oranges are good detergent foods containing vitamins and minerals. One might even stuff the celery with different cheeses for added protein. Cold meat cuts (perhaps left-over from a roast-beef, veal, chicken), boiled shrimp, deviled eggs are excellent protein snacks. For beverages, limeade, lemonade, orange juice, milk (no chocolate syrup added) are the most nutritious. The artificially sweetened colas and kool-aid can be used.

"Actually, there is still another consideration of snack foods, and that is the detergent function of apples, pears, carrots, celery, and such foods. These foods, hors d'oeuvre types, stimulate saliva and dilute acids. They may tend to cause oral organisms and debris to undergo deglutition. Finally, there is hydraulic action which tends to originate currents to displace fluids and precipitants from fissures, interproximal spaces, and cervical areas."

Concerned Parent: "Will these foods replace the tooth brush?"

Consultant: "No, but we wish to help in any way we can. These helpful aids we are offering to you in hopes you will more assuredly manage dental health at home.

"Did you know that the food dollar takes almost one-fourth of the total consumer income in the U.S.? Many of the convenience foods cost more than the old-fashioned, simpler foods that we were discussing previously."

Concerned Parent: "What are some foods that can be given to smaller children?"

Consultant: "Your first aim is getting an adequate amount of protein and essential vitamins into the diet. Children usually like meats, fish, and poultry that are tender and mild in flavor and do not require much chewing. Ground lean meats are popular. Small strips of meat that can be picked up in fingers and eaten are also suggested. Eggs, prepared many different ways, and are favorites. Bread usually taken in large quantities. The nutritive value of whole wheat bread is greater than that of white bread, even when enriched flour is used."

Concerned Parent: "Why is this the case?"

Consultant: "The whole wheat flour in bread contains the entire kernel of wheat, which is a good source of protein, the B vitamins, Vitamin E and iron. Enriched bread and flour have been processed and original value has been lost. When vitamins are added, the foodstuff has only been partially restored."

Concerned Parent: "What about breakfast cereals? How nutritious are they?"

Consultant: "Prepared cereals are largely carbohydrate which is quickly changed to sugar during digestion. They are likely to be more expensive than the whole grain cereals which can be bought in bulk and cooked. A good example of the whole wheat cereals which are good sources of protein and B vitamins is oatmeal and cream of wheat."

Concerned Parent: "I can't seem to get my children to eat breakfast. How important is this meal?"

Consultant: "Our blood sugar level, which determines our energy and level of efficiency during the day, is at its lowest when we awaken in the morning. Ordinarily, one thinks that a carbohydrate breakfast would be the answer for the quick energy one needs. The blood sugar level rises quickly, but within a relatively short time can fall below the pre-breakfast level.

"In the many studies that have been made, the high protein meal has produced more energy and the level of efficiency has stayed high over a five to six hour period. It is when there is a combination of sugar, and protein and fat (which slows digestion), that sugar is absorbed gradually into the blood—

then energy is maintained at a high level for many hours.

"It is important that we realize that lack of energy and inefficiency during the morning hours may relate to poor grades, fatigue, irritaspirit, not only in our children but in ourselves."

Concerned Parent: "What is a basically sound breakfast?"

Consultant: "The breakfast should be more than a hurried snack. It should include citrus fruit or juice, whole grain cereal, egg and or meat, whole wheat toast—perhaps with various cheeses, a glass of milk.

"The parents' attitudes are important. The parent who expects the child to eat fosters good eating habits. The child who is relaxed and happy at meal time enjoys good food habits."

Concerned Parent: "Should I continue with a high protein lunch and dinner?"

Consultant: "Definitely. It is the protein, vitamins, and minerals which build the healthy tissues in the body, not the carbohydrates."

When parents wonder how a service like this is rendered at no added fee — a dental office can philosophize with them. If the public has the facts, they'd be willing to pay any fair fee within their means or structure.

Then a practice can be more selective of their patient load — vying for patients who are more concerned with longevity. A practice can become economically sound, with dentistry reaching new dimensions thus creating proper recognition for the profession among civic life.

1927 Brunswick Ave. Charlotte, N. C. 28207

The Factors That Cause Destruction

by James A. Graham, Jr.

Many dentists are in a state of frustration because their patints are slowly but surely losing heir teeth. How many of us can ook the patient in the eye and tell ne truth when he asks, "Why must lose my teeth?" We might mumle one of the following reasons: It's one of those things," "It's part f getting old," "Your teeth won't old fillings any longer," "Too many hildren, too fast, I guess." These re just some of the half-truths that re told to patients in order to exnerate oneself from the blame. low the dentist is not always to lame for a dental disaster. Howver, he is responsible if he has not tilized the available knowledge nd his skill to educate the patient s to how to have good dental ealth.

Why do people lose teeth? Basially for three reasons: accidents, lecay, and periodontal disease.

Prevention of accidents would elp, and in most cases good ortholontic treatment could prevent fracure of upper anterior teeth, but enerally we are forced to accept accidents.

Caries is due to microorganisms nd is associated with diet and oral lygiene. We know that oral hygiene and the elimination of reined sugars and starches from the liet, plus accepted treatment using n acceptable fluoride, can control lecay. Also, is it not important to

detect and eliminate lesions as they occur while they are small through careful clinical and radiological examinations?

Periodontal disease has been said to be responsible for 80 per cent of all tooth loss. Basically, the primary cause of periodontal disease is microorganisms. These bacteria literally glue themselves to the teeth and their waste products cause gingival irritation which in turn leads to subsequent periodontal and alveolar breakdown. This factor can be further complicated by occlusal stress.

If we accept these generalities as being fairly close to the truth (and after some thinking the dentist will realize that basically they are) we come to the conclusion that the two main destructive factors in the oral cavity are microorganisms and occlusal trauma. What procedures then can we institute toward prevention of dental disease by these factors? Certainly, a program of oral hygiene. However, this is useless unless the patient can be shown the need and be motivated toward having a clean mouth.

We have devised a method to satisfy the requirements of such a program and would like to present it.

At each appointment, immediately after being seated in the operatory, the patient, adult or child, is given a disclosing tablet to chew

and is asked to swish around the teeth. Then he is asked to swallow. This procedure eliminates spitting and thus splattering everything within range (including the equipment and the assistant). The patient is rinsed and asked to swallow again. He is then given a hand mirror and shown the plaque and debris areas. The dentist or hygienist then takes an explorer and shows how easily this is removed. The next procedure is for the operator to take a soft bristle tooth brush and demonstrate the technique for removing the stain. No one brushing technique will usually be found capable of removing all of the stain, and modifications must be made to suit the individual. The patient is given four tablets, told to break each one in half and to use them as demonstrated for the next eight brushings. Ordinarily, this will be enough brushings for him to learn how to keep the teeth and gingiva clean.

The results of this program have been rather eye-opening for both the patient and the dentist. At least 95 per cent of the mouths examined have proven to be almost totally deficient in oral hygiene and through this program the patient has been given incentive to keep it clean.

In the case of children, this procedure is carried out with the parent present, and the parent is instructed to supervise or to actually brush the child's teeth.

If this method of testing for good oral hygiene proves that the patient is exercising good home care, then other factors must be suspected. The other primary cause of destruction is occlusal stress.

Occlusal stress is a result of the

violation of the five cardinal principals for a good occlusion. These are the following:

- (1) Stable stops on all teeth when the condyles are in their most posterior superior position. (Centric relation)
- (2) An anterior guidance which has group function in harmony with the border movements of the envelope of function and which permits the full range of the temporomandibular joint.

(3) Dis-occlusion of all posterior teeth in protrusive movements.

(4) Dis-occlusion of all posterior teeth on the side opposite the working side. (Non-functioning side)

(5) Group function of all teeth on the working side in precise harmony with the outer border movements of the temporomandibular joint and also the anterior guidance.

Let us define a few terms in order to achieve understanding of these five principles. In number one we define centric relation as the most retruded position of the mandible.

In number two, anterior guidance is the movement of the mandible which is guided by the inclines of the upper and lower anterior teeth Group function is maximum tootl contact in all functional positions Border movement is the limitation of movement placed on the condyle by the ligaments.

If any of these five criteria are missing, they must be compensated for by some tongue habit, muscle spasm, or other defensive mechan ism with or without pathology.

The study of occlusion is not so complicated that the dentist desir ing to do so cannot attain a funda mental understanding of the subject A word of caution should be in

jected here in regard to this. If occlusal equilibration is attempted without regard to all five criteria, many problems can be created in a neuro-muscular system which is already out of harmony.

Admittedly, there are systemic factors influential in the oral cavity which can contribute to destruction, and we should never discount their effect. However, to blame systemic conditions 100 per cent is self-deceptive and often used to explain our inadequacy in diagnosis and treatment.

In general, we can reduce the requirements for oral health to two primary factors. The first is the removal of those microorganisms which produce the destruction by both caries and periodontoclasia,

through thorough cleansing of the teeth, good diet, elimination of pockets, and good operative dentistry. The second is the establishment of an occlusion which is not traumatic to the teeth, periodontal structures, and the temporomandibular joint and its associated neuro-muscular structure.

We believe that these procedures will produce patients who are interested in and understand good dentistry, who are comfortable and have confidence in their dentist, who will have a better chance to keep their teeth for a life time, and to have a happier, more competent dentist.

1350 St. Julien Street

CHARLOTTE, NORTH CAROLINA 28205

Oral Hygiene Practices of

Dental Patients in North Carolina

by Don L. Allen

RAL HYGIENE is accepted as one of the most effective preventive dentistry procedures. The proficiency of patients in oral hygiene is influenced by their level of dental hygiene education, their manual dexterity, and their motivational attitude towards it. There is little question that these motivational aspects are extremely complex. If oral hygiene is to be accomplished effectively, a rigid daily habit must be developed. The dental profession must look more deeply into those aspects of psychology that are involved in the motivation of people — in this regard, the motivation of patients to follow instructions given them in oral physiotherapy.

Epidemiologic studies show a high prevalence of dental caries and periodontal disease among North Carolinians, indicating the need for preventive dentistry including better Dr. Allen is associate professor, department of oral pathology and periodontics, UNC School of Dentistry, Chapel Hill, N. C.

oral hygiene practices. The purpose of this survey was two-fold: (1) to determine the oral hygiene practices of dental patients in North Carolina and, (2) to gain some insight into certain factors which may be instrumental in the motivation of these patients towards oral hygiene. No attempt was made to evaluate the actual clinical effectiveness of their oral hygiene practices.

Materials and Methods

Copies of a questionnaire (Fig 1) in which the patient merely had to check the appropriate answers were distributed to patients at the UNC School of Dentistry Adul Clinic and the Intramural Private Practice and in a general dental practice in each of the following cities: Morehead City, Smithfield, Burlington, Charlotte, Morganton, and Asheville. The survey was conducted during the winter and spring of 1966-67.

The personnel in the participating practices and at the school were asked to distribute the questionnaires to consecutive new adult patients. For the purpose of this study a North Carolina dental patient was defined as an adult who had lived in this state for at least ten years and who had previously had some dental treatment. Of the 350 questionnaires distributed, 202 qualified by this definition. One hundred six patients were seeking care for the first time at the School of Dentistry, whereas the other 96 were entering the practices of the general dentists.

All questionnaires were analyzed together since a geographic representation had been achieved and there were no reasons to believe the sample had been skewed. As will be noticed in Figure 1, a few patients did not answer every question on the questionnaire.

Results

The gross results obtained from the 202 questionnaires are shown in Figure 1. The numbers underlined to the left of the choices is the total number of the 202 subjects who checked that particular choice to the respective question. In several instances more than one answer was given, and in a few instances the subject refrained from answering a question at all. The number in parentheses to the right indicates the total number of responses to that particular question.

Correlations:

- 1. Patients who had gone to the dentist most frequently, were more likely to have been given oral hygiene instructions (Fig. 2). 68.1 per cent (32 of 47 subjects) of those going to the dentist twice or more per year had had instructions; whereas only 43.5 per cent (57 of 131) of those who went less than twice per year had received instructions.
- 2. 70.4 per cent (19 of 27) of the subjects who had two or more oral prophylaxes per year had had oral hygiene instructions. Only 42.0 per cent (71 of 169) who had had a prophylaxis less than twice each year had received instructions on brushing.
- 3. 83.0 per cent (78 of 94) of those who had been given brushing instructions, brushed twice or more each day (Fig. 3). Only 57.1 per cent (56 of 98) of the subjects who had not been given instructions brushed two or more times per day. 80.1 per cent (38 of 47) of those who brushed more than twice per day had received instructions.
- 4. Since 96.3 per cent of all subjects thought they knew why they should brush, there was no differential between those who had been given instructions and those who had not.
- 5. Of those who thought they had gained the knowledge of why they should brush in the dental office, 72.0 per cent (35 of 40) had been given instructions professionally. 42.4 per cent (56 of 132) who had gained their dental knowledge non-professionally had been given toothbrush instructions used auxiliary aids in oral physiotherapy. Only 19.0 per cent (15 of 79) of those

FIGURE 1

Ch	art No
Please check the appropriate items the following question:	
 How long have you lived in No 167 All my life 15 10 years 	rth Carolina? 20 20 years Less than 10 years (202)
2. Aproximately how often have during the last ten year?	you had dental appointments
19 More than twice every year	44 Less than one time each year
48 Twice each year 50 Once each year	41 Only for emergency treatment (202)
3. How often have you had your t during the last ten years?6 More than twice every year	39 Once each year 80 Less than once each year
30 Twice each year	43 Not at all (198)
4. Has a dentist or his dental as brush your teeth?	sistant ever shown you how to
110 Yes	92 No (202)
If yes, please check the appropri	iate place below (if any):
you were supposed to brush.	our own mouth how you though
	g method that the dentist or as later showed him how you were choices)
5. How often do you brush your te	
	110 Twice each day 47 More than twice each day
6. Have you ever been told by a d	$(2\dot{0}\dot{2})$ entist that you had gum disease
trench mouth, or pyorrhea?	100 N (100)
31 Yes If yes, were you treated for the	163 No (199)
24 Yes	7 No (31)
7. Do you think you know why you	
184 Yes	7 No (191)
If yes, check the source of your 54 Dentist or Dental	23 Magazines, newspapers,
Assistant 25 Friends and family (244—Some checked more than	T.V., etc. 142 Is common knowledge one item)
8. Has a dentist ever given you toothbrush?	
41 Yes	149 No (190)
9. Has a dentist ever utilized a tab or bacteria on your teeth?	let or solution that stained germ
15 Yes	172 No (187)

(187)

10. Do you know in a general way what causes?
a. Gum disease 116 Yes 70 No

b. Tooth decay 177 Yes 13 No (190)

(186)

11. Check the following items which you use on a regular basis to help keep your teeth clean.

79 Toothpicks 68 Chewing gum 66 Dental floss 7 Water spray device

27 Rubber tip or cup 15 None

149 Mouthwash

(411—Many subjects checked more than one item.)

Did a dentist or dental assistant suggest that you use the items checked above? (Omit if you checked "none".)

58 Yes 113 No (171)

12. Has a dentist ever told you that you were not doing an adequate job of keeping your teeth clean?50 Yes145 No(195)

Figure 1. Questionnaire form used in this survey—The number in the place where the patient checked represents the number of subjects of the 202 studied who checked that particular answer. The number in parentheses at the right indicates the total number of answers to that question.

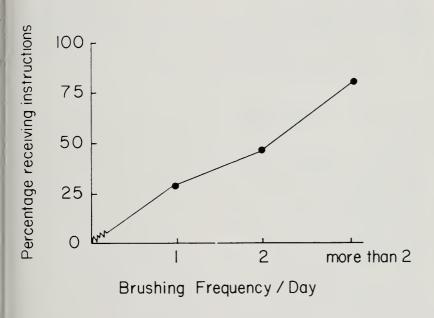


FIGURE 3: Relationship of patients having received oral hygiene instructions to their daily brushing frequency.

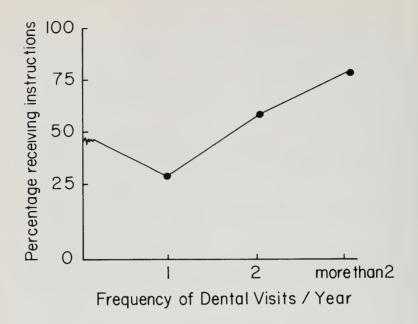


FIGURE 2: Relationship of frequency of dental visits to percentage of patients receiving oral hygiene instructions professionally.

who had not received instructions used them.

- 7. Only 3.6 per cent (3 of 83) of patients who had not received brushing instructions had been given a brush or had been told to obtain a brush by a dentist. 32.6 per cent (31 of 95) who had received instructions had also been given a brush or instructed to get one.
- 8. There was little difference between the group who had been told they were not doing a good job of brushing and those who had not been told, as far as the dentist suggesting that they get a toothbrush is concerned. 32.4 per cent (12 of 37) in the former group were told to bet a new brush and 34.3 per

cent (34 of 99) in the latter group,

- 9. Of patients who frequented the dentist two or more times each year, 32.6 per cent (15 of 46) had been told that they were not doing an adequate job of brushing. 22.0 per cent (18 of 82) of those going one or less times each year were told the same.
- 10. 85.5 per cent (100 of 117) who thought they knew what causes gum disease brushed two or more times per day. 60.0 per cent (42 of 70) of those who did not know also brushed twice or more each day.
- 11. Likewise, 78.2 per cent (140 of 179) of those patients who thought they knew what caused

ooth decay brushed twice or more laily, while only 53.8 per cent (7 of 13) who did not know brushed wice or more each day.

12. Of those patients previously old by a dentist that they were not loing an adequate job of brushing 8.9 per cent (33 of 56) were rushing at least twice per day (at he time of the questionnaire), whereas, of those patients who had not been told, 74.5 per cent (105 of 141) were brushing twice or more faily.

Discussion

It is apparent that firm conlusions cannot be drawn from a urvey study. There is always the uestion of whether a representaive sample of the population at arge has been obtained. loubtedly some subjects answered uestions inaccurately. In no intance can a cause and effect relaionship be assumed. However, the elatively high number of questioniaires evaluated, the geographic disribution, and the fact that the subup ects answered the questions anonyh nously should have added validity o this study. In any case, the reults should indicate trends in oral ygiene practices and in certain facors which may be motivational tovards oral hygiene.

Questions 5 and 11 are directly elated to the oral hygiene practices of the population studied. For orrelation purposes, two brushings per day was used as the dividing point between an average adequate number of brushings and an inadequate number. It has been shown hat brushing twice each day is adequate to maintain healthy gingival issue. Most of the other questions are related to possible motivational

factors, i.e. the subjects' interest in dental health expressed by their frequency of dental visits (2, 3); their knowledge of the causes of dental diseases (7, 10); and whether or not the subjects remembered the dentist doing or saying something to emphasize the importance of oral hygiene (4, 6, 8, 9, and 12).

Over 50 per cent of the subjects remembered having received oral hygiene instructions in the dental office. However, only one-fifth of that 50 per cent practiced the brushing procedure and later had it evaluated and reinforced by the dentist. The dentist, dental assistant, or dental hygienist have no way of knowing if their hygiene demonstration has been effective or not unless they reevaluate it later. Frequent reinforcement helps increase the efficiency of the patient in this regard. As soon as the reinforcement ceases, patients tend to regress. It is encouraging that when compared to the group who had not been given brushing instructions, those who had were more likely to be brushing at least twice a day.

The 55 per cent who remembered receiving brushing instructions is high compared to another study in which only 17 per cent of 1000 families surveyed reported that they had been instructed by the dentist in oral hygiene. Apparently, however, the group under study in that investigation included people other than dental patients.

Because of the high incidence of periodontal disease in adults, it is surprising that only thirty-one (31) of the 199 subjects answering question No. 6 had been told by a dentist that they had a periodontal problem. It is interesting, however, that of

those told, 77.5 per cent (24) elected to be treated for it.

It may seem unusual that such a high percentage (96) thought thy knew why they should brush their teeth. Most of these, however, thought that the "why" of brushing was common knowledge, indicating that they did not remember exactly where they learned it. Of course, the accuracy of their knowledge was not determined, but from a motivational standpoint that is immaterial. It is more surprising that of the people who had been given brushing instructions in the dental office, 42.4 per cent stated that they obtained the knowledge of why they should brush non-professionally. One would have expected they would have remembered learning this from their dentists.

Item 10 indicates the population under study has probably been educated to a higher degree in regard to the causes of dental caries than to periodontal disease. Efforts should be made to better inform adults about the nature and causes of periodontal diseases since it is more likely to be a serious problem for them than is dental caries.

The high incidence of the use of mouth wash as stated in item 11 is compatible with another report. It is interesting that 113 of those 171 responding indicated that they did not use auxiliary aids because of professional recommendations. This is probably just as well since the value of the use of mouth wash must be open to question. It does illustrate how the public can be misinformed relative to oral hygiene practices.

It appears that the dentist does not think a new brush would be a

positive motivating factor in helping the patient develop a better habit of brushing (correlation 8). The novelty effect of something new may have a decidedly beneficial influence on motivation, especially initially. It would also seem that the dentist is somewhat more critical of the hygiene status of patients that he sees most frequently (correlation 9). From correlation 10 and 11. there appears to be a relationship between knowledge of gum disease and caries etiology and the habit of brushing at least twice daily. It seems reasonable that people would be most likely to practice good oral physiotherapy habits if they were aware of the benefits to them. In giving oral hygiene instructions, an explanation to the patient as to why they should brush as well as how may help them become more highly motivated.

Summary and Conclusions

Two hundred two (202) questionnaires obtained from a geographic distribution of dental patients in North Carolina were evaluated in terms of oral hygiene practices and possible motivational factors involved in oral hygiene. 77 per cent of the subjects surveyed brushed their teeth twice daily. 54 per cent had been given oral hygiene instructions, but only 11 per cent indicated that there had been any professional follow-up for reevaluation. 92 per cent of the subjects used some form of auxiliary hygiene aid but mostly not on the recommendations of a dentist. Mouth wash and toothpicks were the most frequently used aids. Patients who had been given toothbrush instructions were more likely to use auxiliary aids than those who

had not been given instructions, even though the dentist did not mention them.

Generally speaking, patients who had the most frequent dental appointments were likely to be the most highly motivated as determined by their frequency of brushing. This helps emphasize the value of a sound recall system. Seemingly a significantly higher percentage of subjects who had been given toothbrush instructions did indeed brush more frequently than those who had not been given instructions. Most patients thought that they knew why they should brush their teeth but were not sure where they had learned it. Most did not credit the dentist as the source of their knowledge. More emphasis needs to be placed in the dental office on the rationale for brushing as well as the technique of brushing.

Most subjects had not been told

to obtain a new toothbrush (nor had they been given one), had not had their hygiene efficiency appraised following instructions, had not used disclosing tablets, and had not been told that their hygiene could be improved. All of these, if used properly, can be positive motivating factors to help a patient develop a better oral hygiene habit pattern.

Acknowledgements

The author gratefully acknowledges the dentists and personnel in the following dental offices for their assistance in gathering the data for this study: John H. Dixon, David H. Freshwater, Nat W. Garrison, Norman B. Grantham, Jr., Frank D. Pattishall, Claude A. Sherrill, Jr., and the UNC School of Dentistry.

UNC SCHOOL OF DENTISTRY CHAPEL HILL, N. C. 27514

A Case History

by N. B. Grantham

I HAD on the day before extracted a loose upper left primary cuspid on a healthy, well behaved 11-year-old boy, using less than 1/3 of a carpule of carbocain without a vaso-constrictor. Very routine. You can imagine my surprise when his mother returned him to the office with "complications."

There was a brown lesion above the vermillion border of the outer surface of the upper lip. The lesion was about 1½ cm in diameter, very well defined and seemed to consist of many small vesicles. It was more to the patient's midline than the site of injection. It looked somewhat like a light-colored birthmark. There was some swelling of the lip around it. I had never seen anything just like it before and frankly was at a loss to explain it.

I began to question the mother. Could he have burned the lip while it was numb? I had seen a cigarette burn on an anesthetized lip once. Out of the question. A possible blow to the mouth? Could it be the result of an insect bite? Not likely at that site. More history. The mother said that the child had come home and seemed to be having no trouble. He had complained of some swelling and she had told him to put an ice pack on the area. She had not thought it serious. At dinner that night it had seemed more swollen and the lip was somewhat painful. The patient woke the next morning with the lesion as described.

The ice pack gave me the clue and then questioning the child I found he had not bothered to use an ice pack, but had just taken an

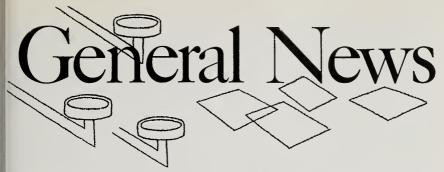
ice cube in a napkin and held it to his lip. And that is how the lesion was initiated. The patient had held an ice cube to the upper lip to combat the swelling and held it there until it damaged the tissue. The patient had frost bite of the upper lip (in August during a heatwave).

This was just another case of trauma to an anesthetized area. Despite our warnings people still seem to bite, burn, or freeze their anesthetized parts. It is another reason why a dentist must exercise caution in the use of even our most frequently used medication. This case also brought home to me the necessity of getting a very good history when diagnosing any problem a patient may present.

Fortunately a little vasoline kept on the lesion was all that was necessary for complete healing. Figure 1 shows the lesion after five days.

710 WILKINS ST. SMITHFIELD, N. C. 27577





N. C. Gets 7 Delegates

Seven delegates from North Carolina will be seated in the ADA House of Delegates when it convenes in New York next fall, according to an announcement by Executive Director Harold Hillenbrand. North Carolina is one of four states whose delegation will be increased by one. They are: Alabama, from 4 to 5; Indiana, from 8 to 9; Texas, from 15 to 16; and North Carolina from 6 to 7.

Four states will have one less delegate — Iowa, from 7 to 6; Missouri, from 9 to 8; New Jersey, from 17 to 16; and Pennsylvania, from 23 to 22.

The terms of two delegates from North Carolina expire in 1969 — Dr. Paul E. Jones of Farmville and Roy L. Lindahl of Chapel Hill. When the Society meets in Pinehurst this spring, three delegates will have to be elected to three-year terms expiring in 1972.

Sixty of the 417 members of the House of Delegates are allocated without regard to membership—each of the 55 constituent societies and five federal dental services being given one delegate regardless of the number of members.

The remaining 357 delegates are allocated to the 55 constituent societies "proportionately to their number of active and life members."

AFDC Recipients Not Eligible

Dentists are cautioned that AFDC (Aid to Families with Dependent Children) recipients are not eligible for dental care under the State Department of Public Welfare program.

It was incorrectly reported in a recent newspaper article that AFDC recipients were eligible for dental care under the Public Welfare program.

Those eligible for dental care are welfare recipients 65 years of age and older who qualify under the Old Aid to the Permanently and Totally Disabled (APTD) programs.

Also, persons 65 years of age and older, who are medically indigent and who qualify under the Medical Assistance to the Aged (MAA) program are eligible.

The Department of Welfare has warned dentists to carefully check the fee schedule which it published on January 15, 1969. The Department will not honor claims for services not included in this fee schedule.

Dr. Medlin Honored

Dr. Erbie M. Medlin of Aberdeen was recently awarded the 1969 Sandhills Kiwanis Club Builder's Cup in recognition of his 30 years of dedication to all phases of the development of Moore County. The

award is given annually to the person who has contributed greatly to the upbuilding of the area "without regard or thought of personal gain."

Dr. Medlin was president of the North Carolina Dental Society from 1946 to 1947 and is currently serving as chairman of North Carolina's six-man delegation to the ADA House of Delegates.

In 1954 Dr. Medlin was elected president of the State Board of Dental Examiners. He served 2 years as president and 6 years on the Board. In 1959 he was elected a fellow in the American College of Dentists and recently was re-elected to a three-year term as a director of the Dental Foundation of North Carolina, Inc.

Dr. Medlin served for 14 years on Aberdeen's town board and 8 years as mayor. He is a deacon and teacher of the Men's Bible Class at the First Baptist Church and is a past president of the Sandhills Kiwanis Club.

Dr. Megginson Elected

A High Point dentist, Dr. L. P. Megginson, Jr., was elected and installed as president of the North Carolina Association of Professions at its annual meeting in Raleigh on February 20. He succeeds W. J. Smith, R. Ph. of Chapel Hill.

Serving with Dr. Megginson are: John S. Rhodes, M.D., Raleigh, first vice president; Edward G. Batte, D.V.M., Raleigh, second vice president; Vernon E. Lewis, A.I.A., Burlington, secretary; William H. Wilson, R.Ph., Raleigh, treasurer; and Robert G. Carson, P.E., Raleigh, executive committee member.

Representative Samuel H. Johnson of Wake County, was guest

speaker at the one-day meeting. He briefed Association members on professional corporations. Attorney General Robert Morgan was the principal speaker at the banquet when members of the General Assembly were guests of the Association.

The Association of Professions is composed of six professional groups: physicians, architects, professional engineers veterinarians, dentists, and pharmacists.

Professional Corporation Bill Introduced

A professional corporation bill, sponsored by the North Carolina Association of Professions, of which the North Carolina Dental Society is a member organization was introduced into the House of Representatives of the General Assembly on February 4 by Representative Samuel H. Johnson of Wake County. A similar bill was introduced in the Senate the next day by Senator Elton Edwards of Greensboro.

The house bill was referred to the House Corporation Committee and the senate bill was referred to the Senate Judiciary II Committee.

The Society is committed to support this legislation which will permit professional people, including dentists, to incorporate.

Matching Funds For Fluoridation

State Health Director, Dr. Jacob Koomen, urged members of the joint health committees of the House and Senate to restore \$45,000 to the B Budget of the State Board of Health to provide matching funds to communities that fluoridate their water supplies. The request had previ-

ously been turned down by the Budget Advisory Budget Commission.

Dr. Koomen told the legislators that it cost a town approximately \$3,000 to install fluoridation equipment. He said that the \$45,000 would be used by the Dental Health Division to assist communities in fluoridating their water by providing a maximum of \$1,500 on their initial investment on a matching basis, including the cost of equipment, chemicals needed for the first year of operation, training of the water plant operator, and laboratory equipment for the proper surveillance of the fluoridation process.

He cited fluoridation of public water supplies as the best method of preventing tooth decay. While the average annual cost of community fluoridation is about 10 cents per person, he told the legislators that the initial cost prevents a financial barrier to some smaller commun-

ities.

90% of Dentists Are GP's

About 90 per cent of the 118,-482 dentists in the United States are general practitioners according to the American Dental Association Directory.

In addition to the 107,136 general practitioners there are 4,037 orthodontists, 2,209 oral surgeons, 1,038 pedodontists, 864 periodontists, 578 prosthodontists, 399 endodontists, 65 public health specialists and 50 oral pathologists.

Some 1,176 other dentists are full-time dental school faculty members, 315 are engaged in state public dental health programs, 24 are dental association administrators, 39 are engaged in other professions or occupations and 910 are retired.

New Central Office Personnel

The Central Office staff now includes two full-time employees in addition to the executive secretary.

Mrs. Kathryn Montague joined the staff October 21, 1968. She is secretary to the executive secretary and is responsible for keeping the financial records of the Society. Mrs. Montague resides in Raleigh with her husband and two children. She was born and raised in Angier.

Miss Faye Kiser began her duties as membership secretary on February 3, 1969. Miss Kiser is a native of Star and now resides in Raleigh.

Dr. Blair Appointed

Dr. Mott P. Blair of Siler City was sworn in March 10 as an appointee of Governor Scott to fill an unexpired term on the State Board of Conservation and Development. He was a member of the C&D board during the term of former Governor Terry Sanford. His term will expire on June 30 this year.

Dr. Blair was sworn in by Associate Justice Frank Huskins of the State Supreme Court.

Survey of Dentists

The University of North Carolina School of Dentistry has provided nearly three-fourths of the State's dentists who have graduated since it opened in the mid-1950's, announced R. Freeman C. Slaughter, president of the North Carolina State Board of Dental Examiners.

This is one of the facts contained in the "Survey of Dentists Licensed in North Carolina," a report culminating a study in which 90 percent of the dentists registered in North Carolina participated. The study was conducted by the American Association of Dental Examiners in cooperation with the Division of Dental Health, National Institutes of Health.

The U.N.C. dental school now accounts for 30 percent of the total State dental supply. Although Emory University graduates constitute an equal proportion, that dental school's contribution has declined from 42 percent of the dentists who graduated prior to 1955, to 4 percent of those graduating since that year.

The "Survey" also discloses that nearly half the dentists are located in the 13 counties comprising the State's seven metropolitan areas. The 87 nonmetropolitan counties have 52 percent of the dentists and 65 percent of the population. This distribution produces average population-to-dentists ratios of 2,848:1 in the metropolitan areas and 4,828:1 in the nonmetropolitan counties.

The lowest ratios occur in the areas of Durham (1,161:1) and Raleigh (2,215:1). In nonmetropolitan counties, the smaller the central city, the higher the population-dentists ratio. In the 33 counties with central cities of fewer than 2,500 inhabitants, there is only one dentist for every 6,794 people.

Other significant survey findings:

—Nearly one out of eight dentists in North Carolina limit their practices to a dental specialty. In the two-county Durham area, where the State's dental school is located, 49 percent of the practicing dentists are

specialists, compared with 14 percent in other metropolitan areas and 4 percent in the nonmetropolitan counties.

—The median age of North Carolina dentists is 42.4 years. The average age of dentists in metropolitan areas (41.4) is about 2 years younger than the 43.2 median age of dentists in the nonmetropolitan counties.

—Ninety percent of the dentists who work at the chair employ auxiliary personnel. Eighty-five percent engage dental assistants, including 79 percent who employ at least one assistant full time, but only 14 percent of the practitioners report a dental hygienist on their payroll.

Ohituaries

Vernon M. Barnes, 77, of Wilson, a life member of the Fifth District Dental Society, the North Carolina Dental Society, and the American Dental Association, died February 18, 1969.

James W. Brown, 78, of Rich Square, a life member of the Fifth District Dental Society, the North Carolina Dental Society, and the American Dental Association, died March 9, 1969.

Dr. Richard F. Hunt, Jr., 39, of Rocky Mount, a member of the Fifth District Dental Society, died March 16, 1969.

North Carolina Joined 'Smile-In' For National Children's Dental Health Week

UNC DENTAL HYGIENE STUDENTS talked to school children in Orange County on good dental health habits.



IN WAYNE COUNTY Dr. M. G. Delbridge presents electric toothbrushes to two happy winners in a poster contest sponsored by the Wayne County Dental Society and Dr. H. F. Cofield looks on.



THE SIX WINNERS of a poster contest in Forsyth County sponsored by the Forsyth County
Dental Auxiliary and the Dental Society.



Preliminary Program

113th Annual Session

North Carolina Dental Society

May 11-14, 1969 THE CAROLINA PINEHURST





COLIN P. OSBORNE, JR. President



CLAIBOURNE W. POINDEXTER President-Elect



A. BREECE BRELAND Editor-Publisher

NORTH

DENTAL

OFFICERS



RALPH D. COFFEY Speaker



FRANK G. ATWATER Vice President



JOSEPH M. JOHNSON Secretary-Treasurer



SOCIETY

1968-1969



JAMES H. LEE Chairman, Executive Committee



HAROLD E. MAXWELL Chairman, Annual Session

A.D.A. Guest Speakers



HARRY M. KLENDA, D.D.A.

Wichita, Kansas

PRESIDENT-ELECT AMERICAN DENTAL ASSOCIATION

Sunday, May 11

8:30 p.m.

ASSOCIATION AFFAIRS 1969

Dr. Klenda is a lifelong general practitioner, a native Kansan, and a graduate of Loyola University (Chicago). A past president of the Kansas Dental Association, he was one of the original organizers of the American Academy of Practice Administration. Dr. Klenda has been active in ADA affairs and has served as ADA first vice president, on the Council on Dental Laboratory Relations, and as a consultant to the Council on Dental Health.



ARTHUR W. KELLNER, D.D.S.

Hollywood, Florida

FIFTH DISTRICT TRUSTEE
AMERICAN DENTAL
ASSOCIATION

Sunday, May 11

2:30 p.m.

TRUSTEE'S REPORT

A graduate of Chicago College of Dental Surgery, Dr. Kellner has represented Florida in the ADA House of Delegates since 1953. He is now serving his second term as Fifth District Trustee. He has been a first vice president of the ADA and president of the American Association of Dental Examiners.

Essayists

RALPH W. PHILLIPS, M.S., D.Sc. Indianapolis, Indiana

Dr. Phillips is research professor of dental materials at Indiana School of Dentistry and is the author of over 140 scientific papers and books. He is an honorary member of the American Dental Association, a fellow of the American College and the International College of Dentistry and immediate past president of the International Association for Dental Research. He has appeared in over 500 different society programs, including 44 state meetings, and has lectured in 8 foreign countries.



Monday, May 12 9:00 a.m. and 2:00 p.m. **Cardinal Ballroom**

RESTORATIVE DENTAL MATERIALS—MODERN CONCEPTS DESIGNED FOR CLINICAL SUCCESS

This presentation is concerned with the newer advances in this field and includes biological considerations in the selection and use of dental materials; the clinical significance of marginal leakage and the comparative ability of various restorative materials in resisting caries; the exact role and an evaluation of cavity varnishes and bases; recent research with the amalgam restoration including minimal mercury technics and spherical alloys; a critical evaluation of newer silicate and resin formulations; a discussion of the new zinc oxide-eugenol permanent cementing agents. This talk will bring the dentist abreast of the current status of the many new materials and technics, as well as emphasizing manipulative factors which affect their success. The clinical application will be continually stressed.

Essayists



WILLIAM W. DOLAN, D.D.S.

Coral Gables, Florida

For the past 12 years Dr. Dolan has been in group practice in Coral Gables. A graduate of Columbia University Dental School, he has appeared frequently before study groups, as well as national, state and district meetings. He is a member of several professional organizations, including the American Prosthodontic Society and the Southeastern Academy of Prosthodontics, and is a director of the American Academy of Dental Electrosurgery.

Tuesday, May 13 9:00 a.m.

Cardinal Ballroom

HOW TO OBTAIN A GOOD FUNCTIONAL OCCLUSION

Basic principles of occlusion will be discussed. A practical, easy method for obtaining a good occlusion by means of the functionally generated path technique, will be described in detail. The discussion will be concerned with single units, simple bridges, quadrants, and more complicated cases.

Tuesday, May 13 2:00 p.m.

Cardinal Ballroom

ELECTROSURGERY IN DENTISTRY

This presentation will cover principles and techniques as applied to all phases of dentistry.

Essayists

GALEN W. QUINN, D.D.S., M.S. Durham, North Carolina

Dr. Quinn is professor of orthodontics, Duke University Medical Center and conducts a private practice in orthodontics. He has practiced general dentistry and was formerly head of the department of orthodontics at the University of Tennessee and dean of the School of Dentistry at Creighton University, his alma mater. He is a past editor of the Cleft Palate Journal. His special interests are in the fields of the growth and development of the face jaws and occlusion.



Monday, May 12 and Tuesday, May 13 3:45 p.m.

Cardinal Ballroom

OCCLUSION—OUR PROFESSIONAL GOAL

Occlusion of teeth will be emphasized. All practitioners in dentistry, regardless of type of practice or specialty, are primarily interested in developing and maintaining a healthy relationship of the jaws and teeth as long as the rest of the body survives. In order to develop a healthy adult occlusion it is necessary to understand primary and mixed dentitions and eruption processes.

The lectures will include practical diagnostic aids relative to early recognition of occlusion, eruption processes, the significance of early and late eruption periods, crowding problems, tooth size discrepancy and anamolous anatomical problems. Practical treatment procedures for the adult dentition will include orthodontic-restorative treatment, contouring and stripping of teeth, occlusal plane integrity, and temporomandibular joint problems.

Program

Sunda	ay, May 11	
8:00		Pinehurst Country Club
9:00	Golf Tournament Executive Committee Meeting	Camellia Room
12:00	American College of Dentists Luncheon	Crystal Room
1:30	Registration Desk Opens	Hotel Foyer
2:00	Commercial and Scientific Exhibits Open	
2:30	House of Delegates, First Meeting	South Room
4:30	Board of Directors, Dental Foundation of N	N. C., Inc Azalea Room
5:30	Lawn Party	Front Lawn
6:30	Dinner	C. Pallagan
8:30	First General Session.	Cardinai Baiiroom
	Presiding: Colin P. Osborne, Jr. Invocation: R. B. Harrell	
	Recognition of Guests	
	Recognition of Allied Organizations	
	Address: Colin P. Osborne, Jr., Presid	dent. NCDS
	Address: Harry M. Klenda, President	
	Report: G. Shuford Abernethy, Presi	
	Dental Foundation of N. C.,	Inc.
	Necrology Service: Robert T. Byrd, p	presiding
Mond	ay, May 12	
7.20	District Officers Conference Breakfast	Crystal Doom
7:30 8:30	Scientific Film	Cardinal Ballroom
9:00	Reference Committees	Cardinar Banroom
9:00	Restorative Dental Materials—Modern	
,,,,	Concepts Designed for Clinical Success	ssCardinal Ballroom
	Ralph W. Phillips, Indianapolis, India	ana
	Moderator: J. B. Freedland	
10:30	Coffee Break	
10:45	Dr. Phillips, continued	Cardinal Ballroom
12:00	International College of Dentists Luncheo	Crystal Room
1:30	Scientific Film	Cardinal Ballroom
2:00	Moderator: Walter H. Finch, Jr.	Cardinar Banroom
3:30	Coffee Break	
3:45	Occlusion—Our Professional Goal	Cardinal Ballroom
5.45	Galen W. Quinn, Duke University Medi	
	Moderator: Norman F. Ross	
6:00	Social Hour and Dinner, Alumni Associati	ion of
	Medical College of Virginia	
8:30	Second General Session	
	Presiding: Colin P. Osborne, Jr.	
	Invocation: L. A. Cameron	
	Election of Officers	eion
	Selection of Site for 1971 Annual Ses	SIOII

Tuesday,	May	13

- troot	
7:30	Past Presidents' Breakfast Crystal Room
	Presiding: George F. Kirkland, Jr.
8:30	Scientific Film
9:00	House of Delegates, Second MeetingSouth Room
9:00	How to Obtain a Good Functional OcclusionCardinal Ballroom
	W. W. Dolan, Coral Gables, Florida
	Moderator: Fred C. Miller, Jr.
10:30	Coffee Break
10:45	Dr. Dolan , continued
12:00	Lunch
1:30	Scientific Film
2:00	Electrosurgery in Dentistry
	W. W. Dolan, Coral Gables, Florida
	Moderator: Cecil A. Pless, Jr.
3:30	Coffee Break
3:45	Occlusion—Our Professional Goal
	Galen W. Quinn, Duke University Medical Center
5.00	Moderator: David H. Freshwater
5:00	Fraternity Hour Delta Sigma Delta Pine Room
	Psi Omega
	Xi Psi Phi
5:30	Informal Social Hour for Members and Guests. Cardinal Ballroom
7:00	Annual Banquet
,,,,,	Toastmaster: Cecil A. Pless, Jr.
	Invocation: C. Z. Candler
	Presentation of President's Emblem: George F. Kirkland, Jr.
8:30	Barber Shop Harmony
	Raleigh Chapter, S. P. E. B. S. Q. A., Inc.
9:00	Dance
	Forest Lake Sextette
Wedn	esday, May 14
7:30	Breakfast
9:00	Table Clinics Cardinal Ballroom
9:00	House of Delegates, Third MeetingSouth Room
11:30	Third General Session Cardinal Ballroom
	Presiding: Colin P. Osborne, Jr.
	Invocation: S. Bryon Towler
	Installation of Officers
	A

[39]

Awarding of Door Prizes Adjournment, sine die

Lunch. Check-out after lunch

12:00

HOUSE OF DELEGATES

1969

Speaker of the House: Ralph D. Coffey.

Parliamentarian: W. D. Yelton

Sergeant-at-Arms: David H. Freshwater

DELEGATES AND ALTERNATES

State Officers: Colin P. Osborne, Jr., Claibourne W. Poindexter, Frank G. Atwater, Joseph M. Johnson.

Executive Committee: James H. Lee, Lackey B. Peeler, George F. Kirkland, Jr., C. Z. Candler.

Ethics Committee: C. W. Horton, C. Z. Candler, Elliott R. Motley, Newton E. Smith, Darden J. Eure.

First District: F. A. Buchanan, William A. Mynatt, Fred N. Ogden, II, Cecil A. Pless, Jr., W. A. Davis.

Alternates: E. Kent Rogers, III, Thomas A. Morris, Gene L. Reese, Clarence W. Canrobert, Jr., Robert B. Litton.

Second District: W. Smith Kirk, M. Lamar Dorton, Fred C. Miller, William H. Price, Keith L. Bentley.

Alternates: J. B. Freedland, Robert A. George, Horace P. Reeves, Jr., J. Harry Spillman, W. Stewart Peery.

Third District: Bennie D. Barker, Joseph R. Suggs, L. P. Megginson, Jr., C. Fred Clark, Jr., James B. Howell.

Alternates: M. L. Cherry, Samuel T. Hart, Maurice B. Richardson, T. Edgar Sikes, Jr.

Fourth District: John N. Denning, Lloyd B. Stanley, P. C. Purvis, Harold E. Maxwell, James H. Edwards.

Alternates: William H. Oliver, T. E. Nelson, Jr., Frederick G. Hasty, J. Henry Ligon, Jr., Robert T. Byrd.

Fifth District: T. S. Fleming, James L. Cox, William E. Kidd, Richard F. Hunt, Jr., R. Hogan Gaskins, Jr.

Alternates: James A. Privette, Ledyard E. Ross, Fred H. Miller, W. L. Rudder, Richard N. Hines, Jr.

REFERENCE COMMITTEES

Constitution and Bylaws: Thomas G. Nisbet, chairman; G. Shuford Abernethy, D. T. Carr, J. Henry Ligon, Jr., C. P. Godwin.

Ethics: C. W. Horton, chairman; C. Z. Candler, Elliot R. Motley, Newton E. Smith, Darden J. Eure.

Rules and Order: James H. Edwards, chairman; P. C. Purvis, H. E. Maxwell, Gordon L. Townsend.

Committee A: F. A. Buchanan, chairman; W. Smith Kirk, James B. Howell, Lloyd B. Stanley, John N. Denning.

Reference Committee B: M. Lamar Dorton, chairman; Fred N. Ogden, II, C. Fred Clark, Jr., H. E. Maxwell, T. S. Fleming.

Reference Committee C: L. P. Megginson, Jr., chairman; Cecil A. Pless, Jr., Fred C. Miller, P. C. Purvis, H. Hogan Gaskins, Jr.

Reference Committee D: James L. Cox, chairman; William E. Kidd, Joseph R. Suggs, William H. Price, William A. Mynatt.

113th ANNUAL SESSION COMMITTEE

HAROLD E. MAXWELL, General Chairman

J. Harold Spillman Jack E. Silvers C. R. VanderVoort M. L. Cherry

rrangements: M. L. Cherry, Chairman; C. F. Clark, Jr., Deane Hundy, III, Cecil A. Pless, Jr., Robert H. Gainey.

Clinics: Jack E. Silvers, Chairman; Troy B. Sluder, Jr., Roy L. Earp, V. A. Current, O. J. Freund.

commercial Exhibits: James E. Furr, Chairman; Frank H. Walker, Alon R. Fales, Penn Marshall, Jr., R. H. Turlington.

Intertainment: C. R. VanderVoort, Chairman; W. Harrell Johnson (Banuet); James C. Culbreath, Jr. (Dance); Maurice B. Richardson (Reeption).

Iospitality: J. B. Freedland, Chairman; James A. Harrell, James E. Graam, Jr., Freeman C. Slaughter.

Ionitor: Benny W. Martin, Chairman; Frank B. McGrath, Jr., Vonnie B. mith, Mitchell W. Wallace, David D. King, Jr., L. J. Moore, Jr., E. Lynn Robinson, William C. Keith, P. C. Purvis, Marcus R. Smith, S. Byron Fowler.

Vecrology: Robert T. Byrd, Chairman; Luther H. Butler, C. B. Johnson New Bern), Grover C. Stowe, Jr., A. P. Cline, Jr.

'rogram: J. Harry Spillman, Chairman; Fred C. Miller, Jr., Cecil A. 'less, Jr., David H. Freshwater, Norman F. Ross, Walter H. Finch, Jr.

Publicity: L. P. Megginson, Jr., Chairman; J. Donald Kiser, David H. Freshwater, William S. Prevost, Jr., Richard S. Hunter.

cientific Exhibits: Henry V. Murray, Jr., Chairman; Gerald M. Cathey.

ports: R. B. Taylor, Chairman; William G. Lee, R. Bruce Warlick, Robert W. Watson, R. J. Harned, Willard I. Herring.

Table Clinics

Wednesday, May 14, 9:00-11:30 a.m. Cardinal Ballroom

- 1. Interceptive Orthodontics for the General Practitioner, James H. Taylor, Asheville.
- 2. Time Savers, Robert H. Owen, Jr., Asheville.
- 3. Custom Trays for Full Denture Impressions, Robert B. Litton, Shelby.
- 4. X-Ray Technique, T. George Johnson, Jr., Morganton.
- 5. Medications for the Apprehensive Patient, William G. Quarles, Gastonia.
- 6. Sectional Lingual Arch, John L. Thompson, Jr., Shelby.
- 7. When Not to Extract, Bruce A. Gustafson, Winston-Salem.
- 8. Patient Education—Case Presentation, Joseph D. Stewart, Winston-Salem.
- 9. Nitrous Oxide—Oxygen Analgesia, Bruce A. Ketner, Salisbury.
- 10. The Temporomandibular Joint, Donald C. Evans, Charlotte.
- 11. Causing Uncrupted Teeth to Erupt, Clarence F. Biddix, Charlotte.
- 12. Money Anyone?, Pamela Reynolds and Terry Frazier, Charlotte.
- **13. Clinical Evaluation of Composite Resin Materials,** C. L. Sockwell, Chapel Hill.
- 14. An Experiment in Dental Education, Clifton E. Crandell, Chapel Hill.
- 15. Immediate Full Denture Restorations, Frank E. Gilliam, Burlington.
- 16. Maxillo-Facial Prosthesis, M. T. Wood, Chapel Hill.
- 17. Orthodontic Models, W. D. Abbey, Durham.
- 18. Pin Reinforced Resin Restorations for Fractured Permanent Anterior Teeth, Burton A. Horwitz, Raleigh.
- 19. Orthodontic Consideration for Congenitally Absent Permanent Teeth, William G. Schneider, Raleigh.
- **20.** Temporary Restorations for Crown and Bridge Prosthetics, William J. Sherwood, Jr., Raleigh.
- 21. Construction of Space Maintainers and Space Maintenance, Henry S. Zaytoun, Raleigh.
- 22. An Efficient Recall System, Mrs. Reandy Clement, CDA, Raleigh.
- 23. Grafting Procedures in the Treatment of Osseous Defects, J. J. Lawrence, DC, USN.
- **24.** Utilization of Dental Hygienists, Southeastern Dental Hygienists Study Club and the Fifth District Dental Hygienists Association.
- 25. Pedodontics, George Mayo III, Chapel Hill.
- 26. Vestibular Fold Extension, R. A. Carnevale, Fayetteville.
- 27. Surgical Procedures, Jerry Partrick, Wilmington.
- 28. Maxillary Orthopedics or Correction of Skeletal Crossbites, Vonnie B. Smith, Raleigh.

Scientific Exhibits

Sunday, May 11, 2:00 p.m. to Fuesday, May 13, 5:00 p.m.

Cardinal Lobby and Dogwood Room

- I. Facial Anomalies, Duke University Medical Center.
- 2. The Dental Hygienist in the Community, North Carolina Dental Hygienists Association.
- 3. Space Maintainer, Dental Health Division, N. C. State Board of Health.
- **4. Lactona Historical Collection of Dental-Oral Implements,** Lactona Products Division, Warner Lambert Pharmaceutical Company.
- **5. Student Health Teams in Community Clinics,** Department of Preventive Dentistry, University of North Carolina School of Dentistry.
- Career in Dental Assisting, North Carolina Dental Assistants Association.
- 7. Dental Laboratory Technology, Durham Technical Institute.
- **8. For Good Dental Health, Start Early,** Dairy Council Units of North Carolina.
- 9. American Cancer Society.

Commercial Exhibits

Sunday, May 11, 2:00 p.m. to 6:00 p.m. Monday and Tuesday, May 12 and 13, 9:00 a.m. to 5:00 p.m.

Exhibition Hall

You are urged to visit the commercial exhibits. The manufacturers, dealers, laboratories, and other organizations will be represented by highly dualified people who can give you helpful hints on economical and intelligent buying.

Firm Name Bo	ooth
Aderer, J., Inc., Long Island City, New York	86
Aqua Tec Corporation, Denver, Colorado	
Astra Pharmaceutical Products, Inc., Worcester, Massachusetts	32
Block Drug Company, Inc., Jersey City, New Jersey	
Bosworth, Harry J., Company, Chicago, Illinois	
Cameron-Miller Surgical Instruments Company, Chicago, Illinois	79
Carolina Dental Laboratory, Raleigh	
Caulk, L. D., Company, Milford, Deleware	52
Cass, Cooper D., Company, Winston-Salem	77
Charlotte Laboratory, Inc., Charlotte	75
Coastal Dynamics Corporation, Venice, California	81
Coca-Cola Bottling Company, Aberdeen	6
Cook-Waite Laboratories, Inc., New York, New York	67
Cross Country Paper Products Corp., Hampstead, New York	. 87
Davis, Rose-Hoyt, Needham, Massachusetts	. 63
Densco, Denver, Colorado	. 49
Den-Tal-Ez Chair Manufacturing Company, Des Moines, Iowa	51
Denti Form Porcelian Studio, Inc., New York, New York	. 64
Dentist Supply Company of New York, York, Pennsylvania47 and	1 48
Encore, Inc., Portland, Oregon	ž 12
General Electric Company, X-Ray Department, Milwaukee, Wisconsin	. 65
Getz, William, Corporation, Chicago, Illinois	36
Greene Dental Products, Inc., San Fernando, California	. 80
Johnson & Johnson, New Brunswick, New Jersey	. 54
Keener Dental Supply Company, Asheville	76
Kerr Manufacturing Company, Detroit, Michigan	. 44
L. & R. Manufacturing Company, Kearny, New Jersey	72
Lactona Products Division, Morris Plains, New Jersey34 &	35
Lavoris-Vick Chemical Company, New York, New York	. 58
Life-Like Ceramics, Inc., Atlanta, Georgia	. 90
Lilly, Eli, & Company, Indianapolis, Indiana	. 56
Lochhead Laboratories, Inc., Cincinnati, Ohio	. 43

Commercial Exhibits

Magna Dental Studios, Ltd., New York, New York				85
Management, Inc., Asheville	•••••			62
Merrell, Wm. S., Cincinnati, Ohio				78
Midwest American, Melrose Park, Illinois		8,	9,	10
Mizzy, Inc., Clifton Forge, Virginia				42
National Dental Supply Company, Abington, Pennsylvania				82
Noble Dental Laboratory, Raleigh				66
North American Philips Company, Inc., New York, New York				13
Olney's, Greensboro				55
Oral B Company, Wayne, New Jersey				60
itney-Bowes, Inc., Charlotte				91
Pelton & Crane Company, Charlotte		88	&	89
Powers & Anderson Dental Company, Inc., Charlotte				
Premier Dental Products Company, Philadelphia, Pennsylvania				
Proctor & Gamble Distributing Company, Cincinnati, Ohio				
Professional Budget Plan, Madison, Wisconsin				
Raleigh Dental Laboratory, Raleigh				
Richmond Dental Cotton Company, Charlotte				
Ritter Equipment Company, Inc., Rochester, New York				
Robins, A. H., Company, Richmond, Virginia				
Rothstein Dental Laboratories, Inc., Silver Spring, Maryland				
Saunders, W. B., Company, Philadelphia, Pennsylvania				
Siemens Medical of America, Inc., Union, New Jersey				
Sturgis, J. Minor, Porcelan Laboratory, Atlanta Georgia				
Sullivan Laboratories Washington, D. C				
Surgident, Ltd., Los Angeles, California				
Thompson Dental Company, Greensboro				
3M Company, St. Pauls, Minnesota				
Union Broach Company, Inc., Long Island City, New York				68
Unitek Corporation, Monrovia, California				
Universal Dental Company, Philadelphia, Pennsylvania				
Walker-Sizer Dental Company, Raleigh	.16, 17,	18	&	19
Weber Dental Manufacturing Company, Canton, Ohio		23	&	24
Westlund Dental Studio, Inc., Minneapolis, Minnesota				
White, S. S., Company, Philadelphia, Pennsylvania	20,	21	&	22
Whitehall Laboratories, New York, New York				
Williams Gold Refining Company, Inc., Buffalo, New York				
Woodward Prosthetic Company, Greensboro				

THE CAROLINA

PINEHURST, N. C.

GOLF CAPITAL, U.S.A.



DURING THE SOCIAL SEASON AND FOR CONVENTIONS TOO—YOU ARE ALWAYS WELCOME

FOR TOURIST, AND TRAVELER ON VACATION — IT'S ALWAYS GOLF-TIME IN PINEHURST

OF THE CAROLINA SANDHILLS

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NORTH CAROLINA DENTAL ASSISTANTS ASSOCIATION

NINETEENTH ANNUAL SESSION WHISPERING PINES MOTOR LODGE, SOUTHERN PINES MAY 10-13, 1969

PROGRAM

aturda	y, May 10
3:00 5:00 8:00	Registration Nominating Committee Meeting Board of Directors Meeting
Sunday	, May 11
8:30	Breakfast Honoring ADAA Guests President, Mary Faith Mayak 4th District Trustee, Janelle Butler Executive Director, Louis J. Carow, III
9:00	Registration
10:00	First Session of Business Body President Joyce Sigmon Presiding
2:00	General Session Welcome: Dr. Claibourne W. Poindexter, president-elect, N. C.D.S.
	Response: Miss Aileen Croon, Treasurer, N.C.D.A.A. Speaker: Mr. Louis J. Carow, III
	"The Growth and Development of Dental Assisting" Trustee's Report ADAA President's Address
9:00	NCDAA President's Address An Hawaiian-style Welcome
Monda	y, May 12
9:00 9:00 10:30	Registration Second Session of Business Body Educational Session—"Today's Dental Assistant" Dr. Melvin Chambers—"Warning: Drugs can be Dangerous" Dr. James A. Privette—"Appointment Book Control" Dr. James E. Overberger—"Clinical Aspects of Amalgam"
12:30	Balloting
7:00	Banquet & Dance honoring Joyce Sigmon, NCDAA President
Tuesda	y, May 13
9:00 10:00 2:00	Registration Third Session of Business Body Table Clinics
4:30	Tea Honoring Dental Assistant Students
7:00	Installation Dinner Recognition of Past Presidents and Presentation of Awards Adjournment
0.20	Past convention Poord of Directors Meeting



Mrs. Robert Gainey President-Elect



Mrs. Clarence Sockwell Vice President



Mrs. John Lore Treasurer

NORTH CAROLINA DENTAL AUXILIARY OFFICERS 1968-1969



Mrs. L. P. Megginson, Jr. President



Mrs. Lyman Gregory Historian



Mrs. Charles Surles, Jr Corresponding Secretar

Parliamentarian

Mrs. Luther Butler **Recording Secretary**

NORTH CAROLINA DENTAL AUXILIARY

NINETEENTH ANNUAL MEETING THE CAROLINA, PINEHURST MAY 11-14, 1969

PROGRAM

unday	7, May 11		
1:00	Registration Desk Opens	Hotel	Foyer
5:30	Lawn Party	Front	Lawn
8:30	North Carolina Dental Society General Sessio (Auxiliary members invited to attend)	nCardinal Ba	llroom
Ionda	y, May 12		
9:00	Golf and Tennis TournamentsPir	ehurst Country	y Club
9:00	Registration	Hotel	Foyer
3:00	Executive Board Meeting	Azalea	Room
4:00	Past Presidents' Meeting.	Azalea	Room
8:30	Annual Business Meeting	Azalea	Room
9:00	Bridge Party	Azalea	Room
Tuesda	ny, May 13		
9:00	Golf and Tennis Breakfasts	Dining	Room
9:00	Registration	Hotel	Foyer
12:30	Luncheon		
1:30	Address by Miss Alice Bell	South	Room
4:30	New and Old Executive Board Meeting	South	Room
7:00	Annual Banquet, North Carolina Dental Soc	ietyDining	Room
9:00	Dance and Entertainment	Cardinal Ba	allroom

Wednesday, May 14

7:30 Breakfast

Check-out after lunch

NORTH CAROLINA DENTAL HYGIENISTS ASSOCIATION TWENTY-SECOND ANNUAL MEETING THE MANOR HOTEL, PINEHURST MAY 11-13, 1969

C 1	PROGRAM
Sunday	<u>, May 11</u>
2:30 5:30 8:00	Executive Council Meeting (Open to Members) Official Reception, Members and their guests and N.C.D.S. members and their wives Alumnae Meetings
	y, May 12
9:00 9:30	Registration
10:00	"Resaarch in Cleft Palate," Donald W. Warren, UNC School of Dentistry, Chapel Hill
11:00	Business Session Presiding: Mrs. Jackelyn K. Morris, President Reports: Officers and committee chairmen Election of Officers
12:30	President's Luncheon
2:00	Program Pinehurst School Auditorium Speaker: Miss Alice Bell, Atlanta, Georgia, "Personal Appearance and Poise for the Professional Woman"
4:00 4:30	District Caucus Meetings Exhibite The Caucling
6:00	Exhibits
8:00	Buzz Session Executive Suite
Tuesda	y, May 13
9:30	Second Session
11:00	Business Session Installation of Officers—Mrs. Carolyn C. Williams
12:00	Executive Council Meeting
1:30	Lunch

3:00 Adjournment

OFFICIAL GROUP DISABILITY INCOME PLAN for

MEMBERS OF NORTH CAROLINA DENTAL SOCIETY

Since 1943

RENEWAL GUARANTEED TO AGE 70

Under Terms of Policy

This is the ONLY program of Disability Insurance sponsored and approved by the North Carolina Dental Society for the protection of its members against loss of professional time due to injury or sickness.

\$250.00 Weekly Income — (\$1080.00 Monthly) Tax Free

CHOICE OF TWO PLANS

	• • • • • • • • • • • • • • • • • • • •				
Plan L-7	Maxi	mum Accidei Lifetime			ckness Benefits or to age 65
		SEMI-ANNU	JAL RATES		
Weekly Benefits	Under 30	30 - 39	40 - 49	50 - 59	60 - 69
\$250.00 200.00 150.00 100.00	\$124.50 100.50 76.50 52.50	\$142.00 114.50 87.00 59.50	\$204.50 164.50 124.50 84.50	\$284.50 228.50 172.50 116.50	\$352.00 282.50 213.00 143.50
Diam I CE	Mavi	mum Accide	nt Benefits	Maximum Si	ckness Benefits
Plan L-65	INIUAI	Lifetime		To	age 65
Pian L-63	William			То	age 65
Plan L-03 Weekly Benefits		Lifetime		To 50 - 59	age 65 60 - 69

Accident benefits commence with the first day of disability. Sickness benefits commence with the eighth day of disability or the first day of hospital confinement, whichever occurs first.

J. L. CRUMPTON, State Mgr.
J. SLADE CRUMPTON, Asst. Mgr.
Professional Group Disability Division
P. O. DRAWER 1767—DURHAM, N. C.

JACK FEATHERSTON CHARLOTTE, N. C.

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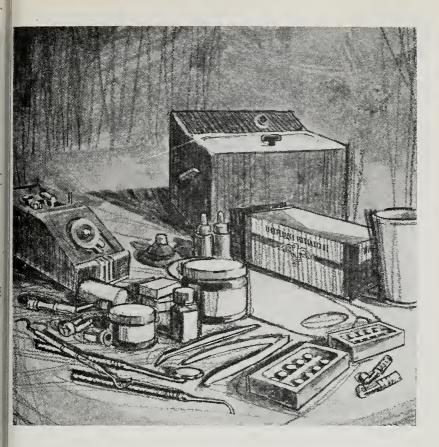
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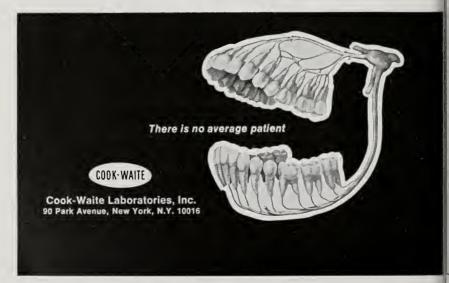
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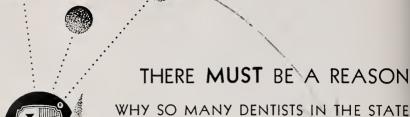
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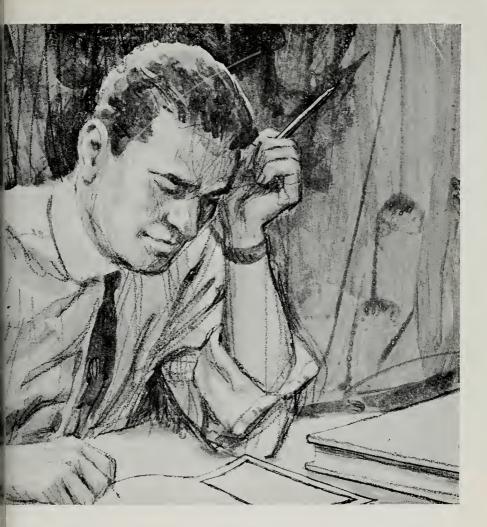
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THE JOURNAL

of

The North Carolina Dental Society

(A Constituent of the American Dental Association)

VOLUME 52

OFFICERS

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In grateful appreciation this issue is dedicated to . . .



J. Harry Spillman, D.D.S. Winston-Salem

Harry's services to the Society have been many and varied. He has been actively engaged for the past few years in the implementation of new programs of study, and improvement of existing ones for dental auxiliary personnel. In this connection he has been chairman of the Dental Hygienists Committee, and is currently serving on the Advisory Committee on the Education of Dental Auxiliary Personnel to the Department of Community Colleges.

Harry served as president of the Second District in 1966-1967. He is a Fellow of the American College of Dentists.



The President's Page

WE BEGIN A NEW YEAR. The officers and Executive Committee members will execute the affairs of the society under the mandates of he recently adjourned House of Delegates.

As the business and scientific sessions are conducted concurrently, nly a limited proportion of the membership is immediately aware of he actions of the House. Therefore, I should like to comment on two

f the issues considered this year.

There was a necessary increase in dues of \$15 per year, the first in ine years. The dollar amount is modest and, intelligently budgeted, his increase in revenue can give us a more effective organization. Our ollective eye, ear and voice in overseeing the course of dentistry is a argain in representing and protecting our interests—indeed our very velihood.

Perhaps the most important issue before the House this year conerned the proposed major revision of the Dental Practice Act. The Dental Practice Act Committee and the North Carolina State Board of Dental Examiners — sometimes in concert and sometimes at odds—ubmitted detailed recommendations. In a climate of increasing demand nd emerging recognition of unmet needs for dental services, interest entered upon the orderly and sane expansion of duties permitted uxiliary personnel.

Discussions in the House disclosed both the commonality and the ivergence of interests between the Board and the practicing dentists of ne state. The Board supported a concept of dental law which would nable it to prosecute successfully violators, however few or many they night be. As men under oath to protect the public (not the profession) heir position is clear and understandable. The Dental Practice Act committee supported a concept whereunder the majority of dentists, neitly ethical, might practice unfettered by laws designed expressly to onvict the few.

In attempting to define duties permitted auxiliary personnel, these omewhat opposing philosophies come into sharp focus. All are agreed nat the definition of duties should be handled through the mechanism f Rules and Regulations of the Board because of the flexibility this nechanism permits for change. But it is here that the conflict becomes

evident. Rules and Regulations are promulgated by the Board and the Board has selected the vehicle of serial listing of duties permitted auxiliary personnel. This vehicle infers that all duties not specifically listed which might be construed as "practicing dentistry" are forbidden. Conversely, the Dental Practice Act Committee, realizing the gray areas of doubt in delegating any duty not specifically listed, favored a more permissive vehicle: a listing of functions deemed clearly inappropriate for delegation and therefore illegal. Such a vehicle would place the responsibility on the dentist for the welfare of his patient and leave his free to delegate duties depending upon the training and abilities of his personnel subject, of course, to the negations in the law.

The actions of the House in the face of this conflict are largely of academic interest rather than practical effect as it is too late to go to this Legislature for any major revision. Two years hence will again be too late; thus, the action of next year's House will be all im

portant.

Lest we dismiss this year's deliberations as a blind alley, consider that the open discussions were enlightening to both sides; consider to that the House urged the Board to consider certain changes in its Rule and Regulations. How the Board can and will respond to these request will determine, in a measure, what changes in the General Statutes the society will seek in the next Legislature.

While it appears unlikely that the Board will change its posture of serial listing and equally unlikely that the Committee will abandon it position to seek a wider range of usefullness for auxiliaries than presently permitted by the Board, one shining ray of light (and hope emerged. The President of the Board, Dr. Slaughter, indicated that the Board interpreted serial listing not as a complete catalogue of an auxiliary's duties but rather as exemptions for auxiliaries from what otherwise would be considered the illegal practice of dentistry under the definition of dentistry in the General Statutes. If this concept is explored in concert with a precise new statutory definition of dentistry perhaps our mutual differences may be resolved and we may yet have the best of two worlds.

C. W. Poindexte

Editorials

SIX HANDED DENTISTRY FOR TOMORROW

Mary, John, Mathew and Peter, hildren of Mr. and Mrs. Dunan E. Lennon of Charlotte show heir interest in dentistry. Can a lental office have time for such play"? The future of dentistry canot be termed play. Motivation and lental appreciation can only begin and grow through practicing denists. Make sure you have time to play" in your office for the play of today is the practice of tomorow.



REWARDS

It is felt this letter should be hared with the dentists of North arolina. It was written to Dr. Tom Joykin of Goldsboro and is self-xplanatory.

DECEMBER 15, 1968

Dear Tom:

The Christmas Season is upon us once again and I am determined hat another year will not go by vithout my writing this letter. A lot of time has passed since we first net. It was August 1956. I was an rate private and you a relatively inderstanding Captain. I thought hat all my plans for a future as a lental technician had gone down he drain when I was assigned as our assistant at the 97th. How

little we know or are able to predict the future.

In later years, as the second oldest student in my class in dental school, I would frequently be asked how I happened to be there. I always took great pleasure in relating to my peers the evolution of my career. There is the story of my having been a high school drop out. I lost my first job in three months and my father made me finish High School. There is the story of my joining the Army to complete my military obligation and receive dental technician's training in one fell swoop.

However, Tom, the part of the story in which I always revealed the most and which always gave me the warmest feeling relates to the day I decided I was standing on the wrong side of the chair. This is the way I tell the story:

"I was a dental assistant in the Army and worked in a general hospital. They had a beautiful clinic there with all of the dental services available to patients and personnel. I assisted a dentist who did a lot of perio. He was a regular Army captain who had been through the Army's intern program and we got along quite well. I wasn't happy about being an assistant but was stuck with it. One day I was standing there handing him instruments when the light finally dawned. You're standing on the wrong side of the chair. You could do what he's doing! I decided then and there that I would talk to the captain and find out what you had to do to become a dentist. Later that same day I asked him if I might speak to him privately for a few minutes. We went into one of the operatories that was not in use at that moment.

"Captain," I said, "I've been thinking. What do you have to do to become a dentist?"

"How much education do you have, Jim?" he asked in all seriousness. I told him. He then said I would have to go to college for at least three years and dental school for four years after that. He also said that he was sure I could do it if I wanted to. From that day

on he always assumed and treated me as though I would one day b his peer. As I sat with my fellow students relating that story I alway said that the most important thin about our conversation was, Ton. that you didn't laugh. If a hig school drop out asked me toda what you had to do to become dentist I would certainly be tempter to. Many people have influenced me and helped in attaining m goal, but I have always felt that th journey towards the goal would no have started without the encourage ment and understanding you gav at the beginning. Tom, I don't wan to belabor the point, but I an trying in my faltering way to than you for the influence you have had in whatever measure of success have or shall attain. Enough remi niscing!

After seven years of toil and strif Pat, my wife (not a dentist), and I graduated from N.Y.U. denta school in June of 1967. I worked for a year in the office of Dr. A Acciani in Hudson, N. Y. In Juliof this year we bought a building practice and equipment in German town, N. Y. There is a lovely apart ment upstairs which we now occupy

With the best of wishes for thi Holiday Season and the future, fo you and yours, Tom. I am

Sincerely yours
Jin

Dr. Rankin has a message. It is being voiced frequently and urgently oday. If you have not taken time to listen, perhaps you should. Ed.

1969: A Time For Action

By Kenneth R. Rankin, D.D.S.

CHANGE cannot be brought to a halt. To try to halt change is to court an explosion. The constructive vay of dealing with the inevitability of change is to make the changes voluntarily before they impose hemselves. The earlier we take action, the wider will be our range of choice." — Arnold Toynbee.

Had Toynbee been addressing lentists, his words could not have been more apt. It is now more han a quarter of a century since organized dentistry forsaw an approaching crisis in dental manpower. Despite this realization, however, American dentistry today is on he brink of the crisis come true. Barring miracles, the next ten years will find us face-to-face with an unprecedented public demand for denal care. This demand—so evident in recent years - may well reach a crescendo, drowning out our plea for more time to change and influencing legislators to snatch away our remaining prerogatives.

Our time for leisurely cogitation is fast running out. For too many



years the profession's spokesmen have surveyed, analyzed, and recommended. They have talked, written, and debated before a passive audience of dental practitioners who listen rather than initiate the action which will determine the destiny of their profession.

For one thing, status quo is comfortable and therefore, not easily modified. For another, many dentists, concerned with day-to-day problems of patients and practice, forget that they are inextricably involved with the larger society —

whether or not they choose to be. As Toynbee points out so eloquently, change will continue with or without our voluntary participation.

Even if 1969 were 1950, there would be little reason for optimism about dental manpower. According to one authoritative estimate, next year will still find us 20 to 25 percent short of the dentist-to-population ratio which existed in 1950!

This is nothing new. Way back in 1960, the final report of the Commission on the Survey of Dentistry² warned that merely maintaining the then-current ratio of dentists-to-population would require a 75 percent increase in the capacity of the nation's dental schools by 1970.

Since then, however, through 1968 we have established four new dental schools, closed an old one, and expanded several others. Nevertheless, during the 1967-68 school year, our total institutions graduated only 3,462 new dentists, not many more than the 3,290 graduated in 1960-61.3

Faced with such statistics, perhaps it is time to admit once and for all, that we cannot produce enough dentists to handle the nation's dental problems unassisted—not today, tomorrow, or ever again. If American dentistry is to be responsive to public demands, we must relegate the "solo practitioner" to an honored position in our past history and move ahead to greater productivity.

More recent dental school graduates are already leading this transition. For the past ten years, the nation's dental schools have offered instruction in utilizing auxiliaries. Today our younger dentists fully

understand that auxiliaries increase both the dentist's productivity and his income. Many older dentists, too encouraged by the experiences of his colleagues, have enrolled in continuing education courses to learn to use auxiliaries. Others have simply plunged in, hired auxiliaries, and set up their own systems.

Thus, we have constructive and meaningful change. Three types of auxiliaries — dental assistants, dental hygienists, and dental laboratory technicians—are now accepted as permanent within American dental practice. Their increasing utilization is mirrored in the current growth of facilities for their training.

In actual number, one estimate⁴ places the 1967 total of dental auxiliaries at approximately 137,000 compared with 83,000 in 1950. Of these, well over half are dental assistants — young women who greet patients and prepare them for treatment, schedule appointments, send out statements, and perform other office tasks according to the dentist's preference. Although many dentists train dental assistants onthe-job, there are now more than 100 educational institutions offering accredited dental assistant training compared to 26 in 1950.

About 10 percent of the auxiliaries being trained today are dental hygienists. Although their ranks have almost doubled since 1950, there are still only about 16 active hygienists for every 100 practicing dentists. However, because training facilities have mushroomed from 37 schools in 1960 to 67 in 1967, we can expect the proportionate number of hygienists to increase. Already enrollment is up more than 75 percent.

Following the same growth pat-

ern, but at a lesser rate, the numer of dental laboratory technicians as burgeoned from 21,000 in 1950 5 27,000 in 1967. Most technicians rain on-the-job, but formalized raining is the pattern of the future. n fact, one-third of the 15 schools 1 operation during 1967 were esablished that same year. Even with uch extraordinary expansion, we re graduating only a total of 4,000 uxiliaries yearly. However, this figre will rise dramatically as inreased numbers of students now nrolled in new facilities complete heir training.

These figures stand as evidence of the changing face of American lental practice, but even these helping hands are not enough. Now is he time to begin training a fourth ype of auxiliary in the pattern of he University of Alabama experince.⁵

Five female high school graduites were trained for two years in everal procedures traditionally perormed by dentists. At the concluion of the research, these young vomen were found to perform qualitatively at least equal to adanced undergraduate dental stulents in placing rubber dams, placing matrix bands, inserting and inishing restorations in previously prepared teeth, condensing and carving amalgam restorations in previously prepared teeth, placing silicate cement restorations in previously prepared teeth, and applying he final finish and polish to restoraions of amalgam and silicate cement.

To cite other similar studies would be to add verbiage where there is already too much. A 1966 editorial which appeared in the *Journal of the American Dental*

Association⁶ summarizes the situation nicely:

"For the past six years, the American Dental Association has had a policy of encouraging accredited dental schools and federal dental services '. . . to undertake carefully designed programs of experimentation and research in the training of dental hygienists and dental assistants.' Four such programs have been instituted. designed to increase the dentist's productivity when working with various combinations of assistants and operatory arrangements. Also, the dental assistant has been assigned certain treatment procedures heretofore reserved for the dentist, such as the insertion and finishing of amalgam and silicate fillings under the supervision of the dentists, in cavities prepared by him.

Although the data are limited, they are consistent. They indicate that the assistant can be trained to insert filling materials and perform other duties as well as the dentist does and that the dentist's output can thus be increased by more than 100 percent."

Such a statement certainly refutes the arguments of die-hard practitioners who profess concern for quality as excuse for their opposition to expanding auxiliary functions.

But word must come now — in 1969 — from dentists all over the nation who favor such action which in turn will influence the decisions of dental societies and state dental examining boards. The costs of their delay can only be measured in the echoes of Toynbee's words.

10010 Old Georgetown Rd. Bethesda, Md. 20014

A Pre-Fluoridation Survey In Asheville, North Carolina

George G. Dudney, D.D.S., M.P.H.(1) Richard F. Murphy, D.D.S., M.P.H. (2) Luis Duany, D.D.S., M.P.H. (3) John T. Hughes D.D.S., Dr.P.H. (4)

THE RECENT INCREASE in publicly funded dental programs has stimulated a desire in the dental profession of North Carolina to determine the present magnitude of the problem of dental diseases, so that adequate methods of attacking this problem may be developed and evaluated. North Carolina is especially fortunate in this regard because of a study entitled The Natural History of Dental Diseases, which was published in 1965. This study describes the prevalence in North Carolina of dental caries, periodontal disease, and malocclusion: and the data is controlled to show the difference by age, race, sex, urban-rural residence, and various social characteristics. In addition to the state-wide data, the information is also available on a regional basis.

The results of this study have been extensively used in planning and evaluating programs in North Carolina, and have saved many hours which would otherwise have been spent in conducting local surveys. On occasion, however, dentists have decided that data must be obtained for their own specifically defined area, as opposed to a geographical region. When this decision is made, it is absolutely necessary that the dentists understand the difficulties that are involved in conducting a survey that will produce reliable data, and that can be accurately repeated at a later date to determine the effectiveness of a dental health program.

One such study that required more localized data than was available from existing surveys was a pre-fluoridation survey in Asheville, North Carolina. The city of Asheville instituted fluoridation of its municipal water supply on September 1, 1965. The Buncombe County Dental Society and the Buncombe County Health Department pressed a desire for a record of the caries experience of school-age children prior to fluoridation. Thus, a base-line would be established from which comparisons could later be made to determine the effect of fluoridation upon the dental caries experience of the children.

The dental society and the health department requested that base-line study be made by the Division of Dental Health of

⁽¹⁾ Assistant Director, Dental Health Division, North Carolina State Board of Health (2) Program Coordinator, Dental Health Division, North Carolina State Board of Health (3) Assistant Professor, Division of Oral Biology, University of Miami (4) Associate Professor of Public Health Administration, School of Public Health, University of North Carolina

North Carolina State Board of Health. The examinations were conlucted during the week of April 4-3, 1966.

OBJECTIVE

To determine the pre-fluoridation lental caries experience of schoolige children in Asheville.

DATA REQUIRED

Study Population: The universe rom which the sample was drawn vas 3,433 students attending seven rublic elementary schools within the ity limits of Asheville. Four elementary schools were not included not the universe to control for race. To further control for the effect of ace upon caries experience, the mall number of non-white children not the selected classrooms were exmined, but the results of their ex-

aminations were not included in the statistical analysis. Ideally, every child should be examined; however, limitations of dental man-power and time dictated sampling of the universe. It was decided that a twenty-five percent sample would be adequate for the study.

Method of Sample Selection: The representative sample was obtained by listing the classrooms by grades from the seven selected schools and ordering them according to classroom population. A table of random numbers was used to determine the starting point, and every fourth classroom was selected. The sample size was approximately 150 students for each of the seven grades. Every classroom from grades one through seven in the selected schools formed the universe and

TABLE I

Example of Sampling Procedure for Fourth Grade, Pre-Fluoridation Survey

Asheville, North Carolina, 1966

Name of School No. of Classroom No. of Students Name of Teacher

1	ame of School	110. 01 Classiculii	140. Of Students	Name of Teacher
1		9	26	
1		14	27	
		20	28	
	Claxton	(21)	(28)	White
		3	28	
		6	28	
		1	29	
	Jones	(4)	(29)	Teague
		7	29	
		8	29	
		13	29	
1	Aycock	(5)	(30)	Gordon
		18	30	
		19	30	
		2	31	
		11	31	
	Vance*	(16)	(31)	Ferguson
		12	32	
		15	32	
		17	33	
4.0.	Randolph	(10)	(33)	Graham
Sta	anding Point			

every classroom had an equal chance of being selected in the random sample that was drawn. Once a classroom was selected, every child in that classroom was examined. The total sample of 1,080 children represented 31 percent of the universe. However, only 815 students were included in the results. The loss of participants was due to absenteeism on the days that the survey was conducted, control for race, and previous exposure by some of the students to fluoridated water.

Measurements and Diagnostic Criteria: The following information for each student was recorded on standard examination cards used by the Dental Health Division.

- 1. Age in years. The classroom teacher supplied the date of birth and this information was used to calculate the age at last birthday.
- 2. Residence the first eight years of life. The geographical location from birth to eight years of age, and the time spent at each location was supplied for each student by the classroom teacher. No student was included in the study who had lived more than six months in a fluoride area.
- 3. Sex. This information was supplied by the classroom teacher.
- 4. Race. This information was supplied by the classroom teacher and was defined as the sum of the ethnic characteristics which distinguish between white and non-white.
- 5. School attended. The name of the school at which the student was examined. This was recorded by the classroom teacher.
- 6. Name of examiner. The surname of the dentist performing the examination was recorded.
 - 7. Date of examination. The day,

month, and year of the examination were recorded.

8. The dental caries experience This information was obtained by direct examination of each studen by a dentist, using the DMF In dex. The DMF Index is a quantitative expression of the life-tim caries experience in the permanen teeth.

"D" is the number of decayed permanent teeth requiring filling and teeth which have been previously filled but which have sinc become carious.

"M" is the number of permanenteeth which have been extracted due to caries.

"F" refers to those permanent teeth which have been satisfactoril filled and show no caries on examination.

The number of permanent teets for each person who exhibits an caries experience—D, M, or F—is totaled to give the DMF for the person.

The index employed in measuring caries experience in deciduou teeth is the df index. The symbo "d" refers to carious deciduous teet, and "f" refers to those deciduou teeth that have been satisfactoril filled.

Dental caries was diagnosed if tooth exhibited one or more of th following:

- a. A cavitation from which car ous material can be readily excavated,
- b. A white, chalky area on smoot surfaces which is penetrable wit an explorer,
- c. A filling which allows the pene tration of an explorer at the junc tion of tooth and filling when th explorer is passed from filling t tooth or from tooth to filling,

d. Pits and fissures with a soft ase of carious material which can e felt with an explorer.

Examination Procedure: The exminations for caries experience, sing the DMF and df indices, were onducted by Drs. John T. Hughes, seorge G. Dudney, Luis Duany, Richard F. Murphy. xaminations were conducted in chool classrooms. Each of the stuents in the sample was examined y using a No. 23 explorer, mouth irror, portable dental chair, and ental lamp. The examiners calirated themselves daily. Each exmine several children that others ad examined, and the results were ompared.

In the examination process, the kaminer visually inspected and exlored when necessary, the labial, cclusal, lingual, and proximal surices of all teeth present (except - iird molars), identifying the tooth umber of all teeth that were abent and determining the reason for ne absence when indicated.

AUXILIARY PERSONNEL

The following is a listing of auxary personnel who were used in le examinations and a description if their duties:

Recorder — One per examiner. The recorder's primary responsifility was to record the examiner's lagnosis on the examination record rm and to direct the patient in nd out of the chair.

Monitor — One per school. The rimary responsibility of the monior was to maintain a quiet, orderly, and continuous flow of patient trafc. The monitors also notified asses to report for examinations. Aide — One per school. The priary responsibility of the aide was maintain sufficient quantities of ean instruments at the examination units. The aide collected used instruments, operated the instrument sterilizer, and returned clean instruments to each examination

The auxiliaries were PTA volunteers. They served for one day or less, and were provided by the schools. They were oriented and trained by the examiners.

RESULTS

The data was summarized for each child as follows:

- 1. The number of DMF teeth;
- 2. The number of df teeth;
- 3. The number of decayed permanent teeth:
- 4. The number of permanent teeth missing because of caries;
- 5. The number of filled permanent teeth:
- 6. The number of permanent teeth present and unaffected by caries:
- 7. The number of permanent teeth present.

From these summaries, the following statistics were obtained. (See Table II, Page 9.)

TABLE II

Pre-Fluoridation Survey of Dental Caries Prevalence,

Elementary School Children; Asheville, North Carolina April 4-8, 1966

Mean df and DMF by Age: Male and Female

	Marc and a cinare				
AGE	N	df	DMF		
6	70	3.60	.34		
7	124	3.52	.83		
8	98	4.78	1.47		
9	111	3.67	2.01		
10	120	2.48	3.26		
11	116	1.07	3.84		
12	97	.27	5.08		
13	59	.20	7.00		
14	18	.05	7.83		
15	2	0.00	2:50		
Tota	1 815				

TABLE III Pre-Fluoridation Survey of Dental Caries Prevalence, Elementary School Children; Asheville, North Carolina April 4-8, 1966 Mean df and DMF by Age: Males

Mican	ui anu Di	vii by rige.	Maics
AGE	N	df	DMF
6	30	4.10	.23
7	73	4.37	.79
8	54	4.35	1.11
9	50	3.92	1.88
10	60	2.72	3.22
11	61	1.34	3.38
12	51	.35	4.61
13	38	.26	6.97
14	11	.00	7.36
15	1	.00	3.00
Tota	al 429		

TABLE IV

Pre-Fluoridation Survey of Dental Caries Prevalence, Elementary School Children; Asheville, North Carolina April 4-8, 1966

Mean	df	and	DFM	by	Age:	Females
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AGE	N	df	DMF
6	40	3.23	.43
7	51	3.49	.88
8	44	5.32	1.91
9	61	3.48	2.11
10	60	2.23	3.30
11	55	.76	4.16
12	46	.17	5.61
13	21	.09	7.04
14	7	.14	8.57
15	1	.00	2.00
Total	386		

Staff, Facilities, Equipment, and Supplies

Staff: Four dentists—10 days each (included planning, conducting, and reporting the results of the survey)

Sixteen recorders — ½ to 1 day each

Seven monitors—½ to 1 day each Seven aides—½ to 1 day each

Thirty-six classroom teachers – ½ day each (to supply bic graphical data on examinatio forms).

Facilities, Equipment and Supplies

- 4 Portable examination chairs
- 4 Portable examination lamps4 Cold sterilization containers
- 120 Plane glass mouth mirrors
- No. 23 single-end explorers
 6-ounce bottles of cold sterilization solution (Zephira
- chloride)
 4 Electrical extension cords
- 7 Examination rooms wit wash basins

Paper towels Cloth towels

Hand soap

Examination gowns

Pencils

Record forms

Tables

Chairs

Wastebaskets.

SUMMARY

Dental surveys are a primary re quirement for the planning an evaluation of public dental programs, but existing data should b examined to determine its usabil ity before conducting additional sur veys. If new data is required, sur veys must be planned, conducted and reported according to scientifi methodology so that the data may be considered to be reliable. An example of one survey is presente to demonstrate the planning that was necessary for its conduct. Varia tions in dental caries prevalence resulting from age, race, sex, and exposure to fluoridation were care fully controlled, and the diagnosti criteria were clearly defined, in or der that a comparable survey male be repeated at a later date.

212 N. DAWSON ST.

RALEIGH, N. C.



DOCTOR COOK is in general practice in Lenoir, N. C. After graduating from UNC School of Dentistry in 1962 he served two years in the Air Force. He has taken postgraduate courses in the field of anesthesiology at Albert Einstein College of Medicine, New York; Cook County Graduate School of Medicine, Chicago; and Cook County Hospital, Chicago.

Some basic observations

The Physical Evaluation of Patients for Out-Patient General Anesthesia

by Dennis S. Cook, Jr., B.S., D.D.S.

Most dentists will agree that with the aid of a thorough nedical history, certain observations are necessary before any treatment is instigated. A physical evaluation is by no means a physical examination; however, if the lentist has access to hospital records, he is much better prepared to evaluate and avoid certain potential problems which might erupt during the course of treatment.

Since many patients do not have ospital records available for one eason or another, this places the entire responsibility of physical evaluation upon the dentist. A mere physical history of diseases and past medical events is not sufficient information for the dentist to evaluate his patient and derive at sound judgment for treatment.

In addition to taking a thorough medical history certain physical as well as psychological observations must be made. Each contributes its own distinctive role in determining the success of the type of treatment undertaken. Surgical treatment would require a much more thorough and serious physical evaluation than prosthodontics due to

events which could endanger a patient's life.

After studying the patient's history a general physical observation is in order. While the patient is seated for treatment and during the conversation of events, the dentist can casually observe the patient's extremities and attitude toward treatment.

Some observations one must be aware of are:

BODY BUILD

A patient's body form may be classfied as ectomorph, mesomorph, or endomorph!

Ectomorph — Thin, tall nervous type individual. Often stomach ulcer, TB, or leukemic patients.

Mesomorph — Heavy muscular body type with little adipose; athletic patients.

Endomorph — Obese, usually listless individual.

If one is undertaking exodontia under general anesthesia on a heavy framed individual with a short neck, he might consider possible problems from the surgery and the anesthesia depending on the age of the patient and other conditions. Teeth are more difficult to remove in dense heavy bone usually. At times short necked stocky individuals present anesthetic emergencies which can be difficult to manage. Emergency intubation may be a difficult task on these patients if the need should arise.

One would consider extremely frail individuals good candidates for tuberculosis, possibly contraindicating any general anesthetic and requiring further investigation before any operative or surgical procedure is attempted under regional anesthesia.

Pregnancy is another consideration. Pregnant patients past the first trimester should not be given general anesthesia if at all available. Analgesic or regional anesthesia a both should be employed for shop procedures only. The length of the procedure is usually dictated by the ability of the patient to tolerate the treatment comfortably. Or should not undertake a procedure longer or more trying than an patient can comfortably endure.

Physical Abnormalities Visually Observed

I. Heart and Vascular System

- a. Ankle edema possible de compensation from congestiv heart failure, pregnancy or othe causes.
- b. Hippocratic fingers or "clubbing" a bulbous enlargement of the terminal phalanges, associate with heart disease, phthisis, pur monary diseases.
- c. Inability to move about ac tively associated with heart and pul monary diseases.
- d. Varicose veins can lead to more serious problems such as phle bitis, thrombophlebitis or embolus
- e. Petechiae and massive bruis ing indicative of a clotting abnor mality
- f. Shortness of breathh hear disease or pulmonary problems.

II. Respiratory

- a. Obstructed nasal breathing
 - 1. Polyps
- 2. Fractured septum or nasa bone.
 - 3. Colds
- b. Irregular breathing too rap id, too slow, dyspnea.
- c. Poor vital capacity this may be checked by a vital capacity

pparatus by McKesson - Scott. Charts relate the vital capacity of atients considering age and weight. f a patient's vital capacity is low, B or some pulmonary problem hould be suspected.

d. Poor compliance of lungs — Emphysetics are not easily handled nder general anesthesia due to heir pulmonary exchange of gases. Patients who are "hump-backed" could have this problem.

e. Uneven chest — One would nvestigate the possibility of an unlerdeveloped lung due to disease or even a collapsed lung.

f. Himophysis — Possible TB patient or lung injury.

g. Rhinitis, cough, heavy smokrs — All have irritation to the roncheotracheal tree which would contraindicate general anesthesia.

II. Liver

a. Jaundice — any drugs eliminated by the liver in a patient with iver disease should be avoided. Other methods should be employed where feasible.

V. Kidney

a. Patients with nephritis should be handled with caution regarding lrug therapy from the standpoint of ype and dosage. Uremic or edemaous patients from kidney failure are seldom seen in the dental ofice; however, the possibility renains.

Other Observations Possible Through Further Investigation

i. Temperature

a. Tacile method — Highly inaccurate but valuable when a thercommeter is not available. Compare your temperature to the patient's by feeling the patient's forehead and yours.

Patients with hypertermis should not even be considered for general anesthesia. Usually a temperature over 100 indicates antibiotic therapy if of dental origin. Patients febrile from other conditions naturally should be referred to their physician before dental treatment. Observation of the gingiva and tonsils often reflects the cause of many febrile conditions in children.

In summary, febrile patients should never be put under general anesthesia and treatment under regional should be only of necessity. It is far too easy to correct the hyperthemia and have the patient in at a later date than to take an unnecessary chance.

II. Blood Pressure and Heart Sounds

When systolic pressure is high this usually indicates functional changes in the circulatory system. High diostolic pressure may indicate pathological changes in the circulatory system. Normal systolic pressure in adults ranges between 110mm hg and 140mm hg depending on age. Patients having systolic pressures as high as 160mm hg can be anesthetized safely, those having pressures above this are poor risks.

Diostolic pressures normally range between 74mm hg and 94mm hg regardless of the patient's sex. Patients with a diastolic pressure over 9mm hg should not be anesthetized without a written statement from their physician.

Cardiac reserve is another consideration. Patients who can hold their breath over 40 seconds usually have enough cardiac and pulmonary reserve to undergo general anesthesia. Any patient showing less

cardiac reserve than this is best handled under regional anesthesia regardless of their nervous condition and other emotional problems.

Heart auscultations are normally regular and rhythmic. Flutters and or murmurs may indicate cardiac involvement. If this is considered serious, further investigation should be obtained from qualified sources. III. Pulse

Each patient should have a full rhymatic pulse with a healthy elastic rebound of the vessel. Patients who, upon palpation, have vessels that do not rebound properly upon release of pressure should be suspected of coronary artery disease.

Average pulse is 72 for adult men and 80 for women. Seventy to ninety beats per minute is a normal range permitting general anesthesia.

Summary

All patients treated under genera anesthesia on an out-patient bas must be physically evaluated to th best ability of the dentist. If an 15 significant findings are made fur ther investigation is necessary b qualified medical personnel befor Unhealthy individua treatment. are best treated under regior al anesthesia in the dental office o when necessary, under general anes line thesia in a hospital after careful ex amination and preparation by qualified physician.

The actual judgement of treat ment is the sole responsibility of the

7018

dentist to his patient.

210 Norwood St. LENOIR, N. C. 28645

North Carolina Dental Assistants' Association



"The object of this Association (American Dental Assistants Association) shall be to promote the education of the Dental Assistant, to improve and sustain the vocation of dental assisting, and to contribute to the advancement of the dental profession and to the improvement of the public health."

There was a whirlwind of activity in our Association this past year, and we are proud of our accomplishments. Our motto of "Education, Efficiency, Loyalty, Service," sums up our goals and objectives.

In August, the Past Presidents Council conducted a workshop for Component Officers. Its purpose was informing each officer of the guidelines for the performance of her duties set up by the component, constituent, and national organization. Membership campaign was initiated at district meetings in the fall. These district meetings were a new undertaking for our organization and resulted in organizational activity in four areas of our State.

Another first for the North Carolina Dental Assistants Association was a Seminar held in Wilmington. A program on "Teamwork Approach to Office Emergencies" and "Assisting in Oral Surgery in Hospital and Office" was presented by Doctor Jeremiah Partrick to enable us to fulfill our role as dental assistants more efficiently.

The 44th Annual Session of the American Dental Assistants Association was well represented by North Carolina Dental Assistants with Rebecca Ritchie of Statesville winning the Loval Assistants Award. Many of our members are serving on national committees, and article written by Reandy Clement was published in the Journal of the American Dental Assistants Association.

Our Education Committee working to assure that the preparation of the dental assistant is of the highest caliber possible. Of the 1800 dental assistants employed in North Carolina, only 390 are taking advantage of membership in N.C.D.A. Education is the primary purpose of the N.C.D.A. and the American Dental Assistants Association. We ask the question, "Why are only approximately 20% of the dental assistants in North Carolina taking advantage of the benefits of membership?" This is a challenge facing organized dentistry in North Carolina. We need the cooperation of all members of the North Carolina Dental Society in encouraging their dental assistants to become members of our Association and to participate in our activities.

Virginia Helms Charlotte, N. C.

North Carolina Dental Hygienists' Association



Members of the North Carolina Dental Hygienists'Association gathered in Pinehurst May 11-13, 1969 for their 22nd annual session. In attendance were 77 members, 96 junior members, and 4 guests. At the opening session greetings from the N. C. Dental Society were extended by Dr. Colin P. Osborne, Jr., president. Also greeting the membership was Dr. M. W. Carpenter, advisor to N.C.D.H.A. Mrs. Lona Hulbush, president - elect, A.D.H.A., tended the annual meeting and contributed to the program with a summary of activities and plans for the national meeting in New York.

At the scientific session, Dr. Donald W. Warren spoke on "Research in Cleft Palate." With the aid of slides, the new techniques and treatment of cleft palates and ensuing speech impediments were demonstrated. Mrs. Carolyn Smart, of Tarrytown, N. Y., the first hygienist licensed in North Carolina, spoke at the President's Luncheon at the Manor Hotel. The afternoon session was highlighted by Miss Alice Bell of Atlanta, Georgia, a well known authority on charm and grooming, who spoke on "Personal Appearance and Poise for the Professional Woman." On May 13, Mrs. Smart addressed the group on "The Dental Hygienist in the Public

School System."

During the business session the following officers were elected:

Priscilla M. Levine, President

From Old Brookville, Long Island, New York, Priscilla graduated from State University A. & T. at Farmington, Long Island, Newl York. She was in private practice in New York for four years before coming to N. C. Priscilla is presently employed by Dr. C. A. Reap, Jr. in Chapel Hill. During her five years in North Carolina, she has active on levels all N.C.D.H.A. work. Priscilla is married to Michael D. Levine. Mike is a 1969 graduate of the UNC Law School and is a member of a local law firm.

Bobbie Phipps, President-elect

After spending 13 years in Oklahoma, Bobbie moved to Greensboro. She received her B.S. degree in Dental Hygiene from UNC-CH in 1959. In 1967 she was an associate instructor at Guilford Technical Institute in Jamestown. Bobbie has been employed by Dr. J. W. Sigmon and Dr. J. C. Trammell, Jr. in Greensboro for nine years. She is married to Jack M. Phipps who is with Clendenin, Wrenn, and Kirkman, Realtors.

dna Railey Hensey, Vice-president

Having worked both in private ractice and health education, Edna presently an independent consulint. From Jefferson, Indiana, Edna eceived her certificate in Dental lygiene and B.S. in Education from ndiana University. In 1965, she reeived her M.P.H. in Health Eduation from UNC. The past 4 years has been with the Dental lealth Division of the N. C. State oard of Health, as a public health Edna is married to ducator. harles M. Hensey and they live n Raleigh.

Jonnie M. Brothers, Secretary

After graduation from Guilford echnical Institute at Jamestown in farch 1968, Donnie has been emloyed by Dr. R. M. Kriegsman of

Greensboro. She was born in Jacksonville, Alabama, but has been a North Carolina resident for 9 years. Donnie and her husband Jack have two children Salli, 10, and Scott, 6.

Pamela S. Richards, Treasurer

A native of Charlotte, Pam attended UNC-G for one year before transferring to Central Piedmont Community College. She graduated in the first dental hygiene class of CPCC in May 1967. Pam is employed by Dr. S. D. Petersen, Jr. of Charlotte. Her husband Charles G. Richards, teaches at Myers Park High School which they both attended.

Priscilla Levine was elected delegate to the national meeting. The alternate is Bobbie Phipps.

First District Dental Society



Francis A. Buchanan President

You May Be A Winner!

It is with great pleasure that I welcome you to the 48th annual meeting of the First District Dental Society at Grove Park Inn, Asheville September 27-29. Dr. Bill Prevost and his committee have worked har and long with the hotel staff to provide us with the finest in food an facilities for our fall session. Dr. Bill Mynatt has secured an outstandin clinician and Dr. Milton Massey has a fine group of table clinics.

This year Dr. Bob Hoffman has made arrangements for our got tournament to be held at Beaver Lake Golf Club. We hope to have time tournament again this year. Bring your clubs and join us.

Plan to be with us at the luncheon on Monday. You may win the valuable door prizes.

Program

GROVE PARK INN, ASHEVILLE SEPTEMBER 27-29, 1969

aturday, September 27

3:00	Executive Committee Meeting—Room 342
4:00- 6:00	Registration—Lobby
6:00- 7:30	Cocktail Party—Green Room
7:30- 9:00	Banquet—Laurel Room
9:00-12:00	Dance—Laurel Room

unday, September 28

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8:00-10:00	Golf Tournament—Beaver Lake Golf Club
3:00- 6:00	Registration—Lobby
4:00- 5:30	Table Clinics—Laurel Room
5:30- 6:30	Cocktail Party—Green Room
	Reception for State Officers and Wives
6:30- 7:30	Buffet Dinner—Plantation Room
8:30-10:00	Business Meeting—Ballroom
0:00-10:30 Informal meeting of new members with State Office	
	Sunset Room

Jonday, September 29

2.00 12.00	Dr. Denaid II. Masters Education Recom
9:00-12:00	Registration—Lobby
0:30	Coffee Break
1:00- 3:00	Luncheon with wives and new members—Ballroom

9:00-12:30 Dr. Donald H. Masters—Laurel Room

Table Clinics

Sunday, September 28

4:00-5:30 p.m.

- Practical Space Maintenance with Stainless Steel, William H. Gwyn, Hickory
- 2. To be announced, John H. Shell, Morganton
- 3. Personal Preventive Medicine, James J. Cabe, Murphy
- 1. Functional Occlusion, Leonard B. Barber, Hendersonville
- 5. Prosthetics—Simplifed Technique, Richard Belton, Gastonia
- 5. Preventive Orthodontics, Jerry M. Gunter, Gastonia
- 7. To be announced, Dental Hygienists Association

Essayist



Donald H. Masters, D.D.S. San Antonio, Texas

Dr. Masters, a graduate of Texas University School of Dentistry, has been in private practice since 1948, and has limited his practice to periodontics since 1953. He is a consultant in periodontics at Lackland Air Force Base and at the School of Aerospace at Brooks Air Force Base.

For the past nine years he has been especially concerned with the patient's role in controlling periodontal disease and has lectured at eight dental schools and numerous dental societies.

Monday, September 29

9:00 a.m.-12:30 p.m.

HOW TO BE EFFECTIVE IN THE CONTROL AND PREVENTION OF PERIODONTAL DISEASE

Every dentist interested in control and prevention of dental disease knows the value in well organized methods to educate, motivate and technically train the patient to his role in treatment. The presentation will deal with this subject by highlighting the devastation of periodontal disease on the individual and the importance of patient applied therapy in periodontal practice.

This program is designed for the dentist in general practice who, by virtue of his position, has the opportunity to examine, recognize and

direct treatment for the majority of patients seeking dental care.

Second District Dental Society



W. Smith Kirk President

Continuing Education—The Proficient Team

In April 1966, an editorial appeared in this Journal entitled "Not Too Distant Future." Using a "what, when, and how" approach, the author explained with insight the increasing need for expanded dental service and our capacity for achieving such a goal. One of the writer's summary remarks emphasized important principles which influenced planning for this year's Seminar.

"To accomplish for our public the full potential for dental service at the level of excellence . . . auxiliary personnel must have an opportunity to stay abreast of current knowledge. It takes proficient

members to make a winning team."

Dr. Glen Robinson and Emanuel Cheraskin have been selected by your Program Committee as clinicians for this year's meeting. Men of this stature should stimulate the imagination of the most sophisticated, as well

as satisfy the demands of the pragmatic.

Our Sunday afternoon format of table clinics and projected clinics affords ample opportunity for attendance by auxiliaries. A projected clinic presentation by Dr. Fred Miller of his tour with the mercy ship "HOPE" in Ceylon should present dentistry in a new light to auxiliaries. Wives should also enjoy this presentation and are cordially invited to attend.

Our Sunday evening banquet at The White House Inn features unequaled cuisine and will include a formal recognition of new members. An evening of musical entertainment is planned with our wives in mind.

Clinical sessions are planned for Monday morning through Tuesday noon. All dentists are encouraged to bring auxiliary personnel and utilize this opportunity for upgrading their clinical skills. Strengthen the educational foundation of your office staff as we work together toward . . . THE PROFICIENT TEAM.

Tar Heel Dental Seminar

Sponsored by THE SECOND DISTRICT DENTAL SOCIETY OF NORTH CAROLINA

WHITE HOUSE INN, CHARLOTTE SEPTEMBER 14-16, 1969

Sunday, September 14

11:00	Registration—Main Lobby		
1:30- 2:45	Table Clinics—Independence Hall, Section "A"		
3:00- 4:15	Projected Clinic—Independence Hall, Section "A"		
	"Project H O P E" Dr. Fred Miller, Jonesville		
4:15- 5:00	Opening Business Session—Independence Hall Section "A"		
	Necrology Service		
	Election of New Members		
6:00- 7:00	Coffee and Social Hour—Mezanine—Ballroom		
7:30	Banquet—Capitol Ballroom		
	Induction of New Members		
	Entertainment by Charlotte Chapter S.P.E.B.S.Q.S.A.		
	"The Charlotte Harmony Chorus"		

Monday, September 15

8:30	Registration—Main Lobby
9:00-10:30	Dr. Cheraskin—Independence Hall Section "A"
10:30-10:45	Coffee Break
10:45-12:15	Dr. Cheraskin—Independence Hall Section "A"
12:15-12:45	Business Session—Independence Hall Section "A"
	Election of Officers
12:45- 2:00	Business Luncheon—Capitol Ballroom
2:00- 3:30	Dr. Robinson—Independence Hall Section "A"
3:30- 3:45	Coffee Break
3:45- 5:00	Dr. Robinson—Independence Hall Section "A"
7:00	Dinner
8:00	Installation of Officers
8:15	Entertainment

Tuesday, September 16

8:00	New Members Breakfast—Senate Room A & B
8:30	Registration—Main Lobby
9:30-10:30	Dr. Cheraskin—Independence Hall Section "A"
10:30-10:45	Coffee Break
10:45-12:15	Dr. Robinson—Independence Hall Section "A"
12:15	Adjournment

Table Clinics

Sunday, September 14

1:30 p.m.

- 1. Dental Assisting Students at Central Piedmont Community College, Miss Joyce Sigmon, Instructor, Charlotte
- 2. Polaroid Intra-oral Photography, Dr. Mark Perlin, Charlotte
- 3. Venipuncture, Dr. J. W. Barts, Charlotte
- 4. Dentistry on Stamps (postal display), Dr. Paul Maus, Salisbury
- 5. An Appliance for Bruxers, Dr. W. W. Blackman, Salisbury
- 6. Simplified Intra-oral Paralleling, Dr. Lewis Lambe, Winston-Salem
- 7. Implant Dentures, Dr. E. A. Eckerd, Mocksville
- 8. What's the Difference, Mrs. Jackie Newell, Dental Assistant for Dr. E. F. Harris, Charlotte
- 9. I. V. Pre-Medication of the Apprehensive Patient, Dr. E. B. Morgan, Jr., Kannapolis
- 10. A Method for Inventory Control in the Dental Office, Dr. W. R. Campbell, High Point
- 11. Use of the Electrosurgical Unit in Dentistry, Dr. J. B. Zuccarello, Concord

Essayist



Glen E. Robinson, D.M.D. Birmingham, Alabama

Monday, September 15 Tuesday, September 16 2:00 p.m.

Dr. Robinson, with a background in both private practice and teaching, is at present Assistant Professor of Dentistry at the Dental School, University of Alabama. He is Chairman of the Committee on Teaching and a member of the Intramural Private Practice Committee. He is Director of the Dental Assistant Utilization Clinic. Dr. Robinson has lectured extensively to such groups as the American Dental Association, constituent dental societies, and dental schools throughout the country.

FOUR HANDED DENTISTRY: MODERN CONCEPTS OF DENTAL ASSISTANT UTILIZATION

This new approach to dental treatment increases the productivity of the dentist through effective use of the chairside dental assistant, modern equipment, and technics. It also has the effect of reducing the stress under which the dentist must work and making it possible for him to provide more high quality care for more patients. It also makes the dental office visit a more comfortable and pleasant experience for the patient.

Essayist



Emanuel Cheraskin, M.D., D.M.D. Birmingham, Alabama

Monday, September 15 Tuesday, September 16 9:00 a.m. 9:00 a.m.

Dr. Cheraskin, the author of over two hundred published scientific papers and the receipient of a very long list of national and international honors and scientific recognition in both medicine and dentistry, is currently Professor and Chairman of the Department of Oral Medicine at the University of Alabama School of Dentistry. He has held professorships in Anatomy, Physiology, Oral Medicine, and Oral Surgery. He has lone extensive research in the fields of hematology, biochemistry, oral liagnosis, oral medicine, and nutrition.

THE ROLE OF DIET AND NUTRITION IN DENTAL PRACTICE

By act, if not by word, the emphasis today in stomatology is that the local environment produces oral disease. An attempt will be made in this presentation to show the mechanisms involved in the genesis of oral health and disease. Specific attention will be placed upon the role of diet and nutrition in oral pathosis. Practical clinical illustrations will be utilized to underline the importance of diet and nutrition in host resistance and susceptibility as it relates to stomatologic problems.

Third District Dental Society



L. P. Megginson, Jr. President

What a Program!

The third district Dental Society will have its annual fall meeting in High Point following the big fall furniture market, and we are planning to take advantage of this situation. The best time to visit the show rooms is right after a big market.

The top of the Mart Restaurant, located on the 11th floor of the newly-expanded 30-acre Southern Furniture Exposition Building, offers wonderful facilities for our program. And if you don't know about the 118-room Down-town Holiday Inn (formerly the New South Motor Inn) right across the street, then just ask someone who has stayed there.

And what a program . . . tours of the furniture show rooms, an excelent speaker, a dinner-dance in the over 1,000 capacity Sky—Sheppard Terrace — High Point Rooms combination, good table clinics and exhibits, a tour of the newly-finished dental hygienist and assistant building at Guilford Technical Institute, and, of course, this is good golfing country.

Our dental hygienist and dental assistant societies will have a full program at the Top of the Mart, too. So bring your auxiliary personnel, and by all means bring your wife. The Third District Dental Auxiliary has an exceptional program lined up, featuring an address by Reginald Styers of Kernersville, nationally-known interior decorator. We firmly believe that you and your wife will long remember your visit to High Point, the Heart of Furnitureland, U.S.A.

Anyway, the name of the game is enjoyment, so let's all do just that. Our members, their wives, hygienists, and assistants have put a lot into this meeting, and our profession will profit from their effort. A certain amount has to be put into an investment before a return can be realized. Come share our return.

We extend a cordial invitation to all our district members and all members of the North Carolina Dental Society and their wives to be with us in High Point on November 1-3.

Program

TOP-OF-THE-MART SOUTHERN FURNITURE EXPOSITION BUILDING HIGH POINT NOVEMBER 1-3, 1969

Saturday, November 1

12:00- 4:00	Registration—Southern Furniture Exposition Building, East
	Green Drive Wing
2:00- 4:00	Table Clinics and Exhibits—High Point Room, Top-of-the
	from the Top-of-the-Mart
6:00	Social Hour—Top-of-the Mart
7:30	Dinner—Top-of-the-Mart
9:00- 1:00	Dance, The Goodman-Brown Band

Sunday, November 2

9:00-11:00 Golf Tournament

2.00 22.00	Con Tournament
11:00	Attend the High Point Church of your choice
12:00- 1:00	New members orientation luncheon—Top-of-the-Mart
1:00- 7:00	Registration Desk opens—Furniture Exposition Building,
	East Green Drive Wing
1:00- 2:00	Tour of new dental facilities at Guilford Technical Institute—
	Bus leaves from in front of the Down Town Holiday Inn
2:00- 4:00	Table Clinics and Exhibits—High Point Room, Top-of-the
	Mart
4:30	Executive Committee Meeting
6:30	Banquet—Sky Room, Top-of-the-Mart
8:30	First General Session

Monday, November 3

8:00	Registration Desk opens
9:00-10:20	"Team Approach for Dentistry—1970"—High Point Room,
	Top-of-the-Mart, Dr. Robert B. Shira, Chief of the Army
	Dental Corps.
10:20	Coffee Break
10:40	"What about Dental Auxiliary Personnel"—General Rob-
,	ert B.Shira
12:00- 1:00	Luncheon
1:00- 2:30	"Changing Concepts in the Practice of Dentistry"—General
	Robert B. Shira
2:00	Second General Session, High Point Room

Essayist



Robert B. Shira, D.D.S. Washington, D. C.

Major General Shira is Assistant Surgeon General, and Chief of the Army Dental Corps. He is a Fellow of the American College of Dentists; a Diplomate of the American Board of Surgery; a past president of the American Society of Oral Surgeons; and chairman of the Council on Dental Therapeutics of the American Dental Association.

Monday, November 3

9:00-10:20 a.m.

1970 DENTISTRY TODAY

Changes and improvements are evident in every aspect of modern living. Nowhere is this more apparent than in the health sciences. There is a growing concern about the quality of professional care and the necessity of bringing health services to all the people. This presentation will cover some of the newer techniques and therapeutic advances that are enabling dentistry to improve the quality of patient care. It will also emphasize the importance of the prevention of oral disease as our profession strives to bring dentistry to more and more people. One method of bringing preventive measures and definitive oral health care to larger segments of the population will be discussed. This presentation should be of interest to all dentists and their auxiliary personnel.

Monday, November 3 10:40 a.m.-12:00 noon DENTAL AUXILIARIES AND THE HEALTH PROFESSIONS

Health is a necessity — not a privilege. Every human being is entitled to the benefits of health care and the professions must work diligently to deliver the services. Dentistry, as an integral part of the health services, has an important role to play. It is delivering a health service that no one else can deliver, since the body cannot be healthy unless the oral cavity is healthy. This presentation will describe dentistry's contribution to total health care and stress the team approach to dental practice. The role of auxiliaries will be stressed as our profession meets the challenges of the 1970s.

Monday, November 3 1:00-2:30 p.m.
CHANGING CONCEPTS IN THE PRACTICE OF EXODONTIA AND
ORAL SURGERY

Changes are evident in all phases of the practice of dentistry. This presentation will review and evaluate the changing concepts of the practice of exodontia and oral surgery. Improvements have been developed in equipment and instruments and an evaluation of these developments will be given. Newer drugs and anesthetic agents are available and their place in the modern practice of exodontia will be covered. Startling new information regarding the pathology associated with impacted teeth and dental cysts will be discussed. This presentation is designed for the general practitioner and his auxiliary personnel.

THIRD DISTRICT

Table Clinics

Sunday, November 2 2:00-4:00 p.m.

- The Precision Attachment Bridge, Frank G. Atwater, Greensboro.
 Mandibular Third Molar Extractions, Nat Garrison, Burlington.
- 3. Occlusion, Baxter Sapp, Jr., Duke University Medical Center.
- 4. Endodontics, Benjamin Brown, Greensboro.
- 5. Rubber Dam Technique, Marion Ralls, Greensboro.
- 6. Office Emergencies, Claude Hearn, Duke University Medical Center.
- 7. Temporomandibular Joint Problems, Galen W. Quinn, Duke University Medical Center.
- 8. Pedodontics and Preventative Orthodontics for the Cleft Palate Patient, Sandy C. Marks, UNC School of Dentistry.
- 9. Students in Community Dentistry, Claude W. Drake, Chapel Hill.

THIRD DISTRICT

Exhibits

Sunday, November 2

2:00-4:00 p.m.

- 1. Auxiliary Personnel Programs, School of Dentistry, University of North Carolina.
- 2. Dental Laboratory Program, Durham Technical Institute, Durham
- 3. Dental Auxiliary Personnel Programs, Guilford Technical Institute, Jamestown.
- **4. Dental Auxiliary Personnel Programs,** Wayne Community College, Goldsboro.
- 5. Dental Assistant Program, Technical Institute of Alamance, Burlington.
- **6. Dental Auxiliary Personnel Programs,** Central Piedmont Community College, Charlotte.
- 7. Facial Anomalies, Duke University Medical Center.

Fourth District Dental Society



P. C. Purvis President

Education, Fellowship, Fun, And Door Prizes

 $T^{\,\,{\mbox{\scriptsize HE APPROACHING}}}$ 49th annual meeting of the Fourth District Dental Society promises all of the above and more to everyone who attends our meeting this year!

Again the city of Fayetteville and the enlarged Downtowner Motor

Inn provides convenience and luxury for our meeting, October 4-6.

Dr. Mitchell Wallace, annual session general chairman, has done an excellent job in coordinating all efforts to produce a meeting that encompasses everything you could hope for in a district meeting.

Dr. Harold Maxwell, program chairman, has a most informative clinician in Dr. J. B. Freedland, one of the most outstanding and interesting clinicians in dentistry today. He will discuss "Treatment of the Dental

Pulp by the General Practitioner."

Dr. Lynn Holzback, entertainment chairman, has planned for Saturday evening, October 4, a night of entertainment that will be one of the finest any district has ever produced. After our banquet, the Fayetteville Little Theater will present a Variety Revue, entertaining to everyone. After all this, dancing will be available for continued fellowship and fun.

Dr. Eddie Pridgen, table clinic chairman, has arranged an excellent

variety of clinics that will be of great interest on Sunday afternoon.

Dr. Bob Owens, chairman of the sports committee, reports that plans are made for a fine tournament on Sunday morning at the beautiful and challenging Iron Gate Golf Course.

As always, we extend a very cordial invitation to the ladies who always add glamour to our meetings. Not only will they be assured a great night on Saturday but also a most unusual experience on Monday at a "wine taster."

This meeting is yours to enjoy to its fullest. All district officers look forward to sharing it with you.

Program

DOWNTOWNER MOTOR INN, FAYETTEVILLE OCTOBER 4-6, 1969

Saturday, October 4

3:00- 7:00 Registration—Motel Lobby

3:30 4:30 6:30- 7:30 8:00- 9:00 9:00-10:00 10:00-11:30	Clinic Committee Meeting—Azalea Room Executive Committee Meeting—Azalea Room Social Hour—Dogwood Room Banquet—Tarheel Room Entertainment—Fayetteville Little Theatre Dancing
Sunday, Octol	per 5
9:00-11:00 11:00 12:00- 6:00 1:00- 2:30 3:30- 5:00 5:30- 6:30 6:30- 7:30 8:00	Golf Tournament—Iron Gate Country Club The churches of Fayetteville welcome you to their services Registration Desk Opens—Motel Lobby New Members Luncheon—Dogwood Room (Attendance is is mandatory for prospective new members) Table Clinics—Tarheel Room Social Hour—Tarheel Lounge Buffet Dinner—Tarheel Room First General Session—Pine Room Call to Order—Dr. P. C. Purvis Invocation—Dr. Newton Smith Report of Secretary—Dr. J. H. Edwards Recognition of N. C. Dental Society Officers and Guests— Dr. P. C. Purvis Committee Reports President's Address—Dr. P. C. Purvis Greetings—President of the N. C. Dental Society Message from the N. C. Dental Foundation Progress Report, Dental Service Corporation—Dr. Roy L. Lindahl Report from the U.N.C. School of Dentistry—Dr. James Bawden, Dean Installation of and charge to new members— Dr. George Townsend Introduction of Newly Elected Officers—Dr. R. T. Byrd Announcements Adjournment

Monday, October 6

8:00-	1:00	Registration—Motel Lobby
8:45		General Session—Pine Room
		Call to Order—Dr. P. C. Purvis
		Invocation—Dr. E. L. Robinson
		Report on President's Address—Dr. Thomas G. Collins
		"Treatment of the Dental Pulp by the General Practi-
		tioner,"—Dr. J. B. Freedland, Charlotte
10:30		Coffee Break
10:45		Dr. Freedland
12:00		Lunch—Tarheel Room
1:30		Dr. Freedland
3:30		General Session—Pine Room
		Unfinished Business
		Installation of New Officers
		Adjournment
4:00		Executive Committee Meeting—Pine Room

FOURTH DISTRICT

Table Clinics

Sunday, October 5

3:00-5:00 p.m.

- 1. Some New Concepts in Dentistry, R. R. Milligan, Fayetteville.
- 2. Intraosseous Anesthesia, James B. Hancock, Fayetteville.
- 3. Peridontal Surgery, R. A. Carnevalle, Fayetteville.
- 4. A Post Crown Technique, M. T. Wallace, Spring Lake.
- **5. Sterilization Techniques,** Jenny Rothermel, R.N. and Charlene White, C.D.A., Fayetteville.
- 6. Front Office and Recall, W. C. Keith, Elizabethtown.
- 7. Records, R. M. Polk, Laurinburg.
- 8. X-Ray Duplication, E. N. Pridgen, Fayetteville.

FOURTH DISTRICT

Essayist



J. B. Freedland Charlotte, North Carolina

Dr. Freedland limits his private practice in Charlotte to endodontics. A Fellow of the International College of Dentists, he is a past president of the Second District Dental Society and the American Association of Endodontists, and a member of the American Board of Endodontics. He is a graduate of Emory University School of Dentistry. In 1965 he received the Charlotte Dental Society Award for Outstanding Service to Dentistry.

Monday, October 6

8:45 a.m. and 1:30 p.m.

TREATMENT OF THE DENTAL PULP BY THE GENERAL PRACTITIONER

- 1. Causes of Tooth Loss
- 2. Factors That Continue to Influence Acceptance of Endodontic Therapy
 - a. Comprehension of requirements
 - b. Predictability of a favorable prognosis
 - c. The attendant possibilities of pain and discomfort
- 3. Significance and Application of Endodontic Principles
 - a. Biologic requirements for asepsis, sterilization, and obliteration of the root canal.
- 4. Variables in Diagnosis and Therapy
 - Examples will be shown of cases that may influence the diagnosis and therapy, e.g.:
 - a. Size of radiolucency
 - b. Location of radiolucency
 - c. Age of lesion
 - d. Age of patient
 - e. Canal obstructions
 - f. Resorptions
 - g. Fractures
 - h. Ectopic fistulae
 - i. Evaluation of failures and possible failures
 - j. Apexification
 - k. Influence of systemic disease factors in endodontic therapy

Fifth District Dental Society



T. S. Fleming President

Join us at Wrightsville Beach

UNDER the very able leadership of Dr. Jim Cox, our program committee has secured Robert P. LeVoy of New York City as our clinician for this year's Fifth District Meeting. We feel that all of us will have a treat in store with this program. He is very anxious that our wives and office personnel attend his program on Friday, and assures us that his easy to follow, easy to apply non-technical language will be of value and interest to all.

As you will note, we have changed the days of our District meeting to Friday and Saturday, September 19 and 20. Our clinician will start promptly at 10:00 Friday morning.

With Garland Homes and Wayne Anderson guiding our arrangements committee, we know that you will have an interesting series of events for your enjoyment. Come be with us.

Program

BLOCKADE RUNNER MOTOR HOTEL, WRIGHTSVILLE BEACH SEPTEMBER 18-20, 1969

Thursday, September 18

4:00 Executive Committee Meeting, Executive Board Room #210

Friday, September, 19

8:00-10:00	Registration, Main Lobby
10:00- 1:00	Mr. Robert P. Levoy, New York—Nighthawk Room
1:00- 2:00	•
2:15- 5:00	Mr. Levoy—Nighthawk Room
6:00	Social Hour—Patio
7:30	Banquet—Robert E. Lee Room
	Master of Ceremonies—Dr. Dave Freshwater
	Invocation—Dr. W. H. Gray, Jr.
	Welcome—Wilmington Dental Society
	Introduction of Guests—Dr. Dave Freshwater
8:30	General Session—Nighthawk Room
	Call to Order—Dr. Tom Fleming
	Necrology Service—Dr. Tom Reid
	Minutes of Last Meeting and Secretary-Treasurere's Re-
	port—Dr. Jim Privette
	President's Address—Dr. Tom Fleming
	Presentation of New Members—Dr. Bill Kidd
	Nominating Committee Report—Dr. M. W. Aldridge
	Election of Officers

Saturday, September 20

8:00	New Member Breakfast, Executive Board Room #210
8:30-10:00	Registration
9:00-10:30	Final Business Session
	Committee Reports
	Report on President's Address—Dr. Ben Houston
	Installation of Officers
	Adjournment
10:30- 1:00	Table Clinics

Table Clinics

Saturday, September 20

10:30 a.m.-1:00 p.m.

- 1. Simple Tooth Movement, Eastern North Carolina Orthodontic Study Club, Alex Willis, Jacksonville; Jack Chesson, Rocky Mount; Jack Silvers, Goldsboro.
- 2. Removable Prosthesis for Primary and Mixed Dentition, Ben R. Baker, Kinston.
- 3. Oral Surgical Infections, Jerry N. Partrick, Wilmington.
- 4. Prevention, M. W. Aldridge, Greenville.
- **5.** Alginate Impression Technique—Complete Dentures, Richard Davidson, CDR DC USN, Camp Lejeune.

FIFTH DISTRICT

Essayist



Robert P. Levoy New York City

Dr. Levoy is administrative director of Professional Practice Consultants, and independent research organization in New York. The author of the text "The \$100,000 Practice and How to Build It," Dr. Levoy has spent the last 12 years visiting professional offices throughout the United States researching successful methods of practice, and has conducted over 1,500 seminars for professional groups.

BUILDING A PRACTICE

This program will emphasize the how-to of actually solving problems you encounter every day in your practice. Your wives, assistants and receptionists are urged to participate. The easy-to-follow, easy-to-apply, non-technical language of the program will be of interest to them.

The program will include proven formulas from some of the most

successful offices in the nation on:

How to motivate your patients to accept complete preventive dental care instead of complaint-emergency care;

How to use the telephone for more effective recalls, collections, and

appointments;

Tested methods for presenting professional fees;

Six tested ways to handle your patient's objections;

The practice of building facts of life about referrals and attracting new patients;

How to build a climate for communicating with the patient;

The four word question every patient asks going through an examination; Twenty-two unique and ethical public relations ideas that you can

Twenty-two unique and ethical public relations ideas that you can use—starting the next day;

Twenty-five tested ideas to make your office more attractive and more appealing;

How to add "plus values" to your services;

How "Word Magic" can make your case presentation more convincing; A potpourri of tested dental practice building ideas.



76 Dentists Licensed

Seventy-six dentists and seventy-five dental hygienists were licensed by the State Board of Dental Examiners in July. Examinations were held in Chapel Hill the week of June 23.

Licensed to practice dentistry were: G. Robert Andrews. Williamsburg, Virginia; Hugh B. Avant, Forest City: Thomas E. Brooks. Chapel Hill; Thomas A. Brown, Chapel Hill; Richard L. Bryson, Bullard, Jacksonville; Vaughn E. Hill: Ernest Chapel Jefferson Jr., Chapel Burkes. Hill; Jerry Ralph Clark, Greensboro; Hal P. Cockerham, Raleigh; Andrew P. Collins, Durham; Buckley Wayne Cozart, Roxboro; John M. Crabill, Miami, Florida; E. G. Crawford, Jr., Saugus, Massachusetts; James D. Douglass, Fayetteville; David F. Edwards, Raleigh; Samuel C. Elliott, Sacramento, California; John Norman Engel, Nashville. Tennessee; William Hunter Fitts. Jr., Sanford; Steven C. Floyd, Charlotte: Frederick Watson Foushee, Jr., Orange, California; Leon Fowler, Jr., Wake Forest; R. H. Fuller, III, South Boston, Virginia.

Also, Steven Raleigh Frye, Hickory; Ronald Alan Greenspan, Chapel Hill; Claude Dugan Greeson, Burlington; Herbert Carlton Guthrie, Raleigh; N. G. Harrell, Ahoskie; Philip Guest Hathcote. Rocky Mount: Paul \mathbf{E} dricks, Jr., Kings Mountain, Robert G. Hicks, Holland, Pennsylvania; James B. Holman, III. Columbia. South Carolina; Eugene F. Howden. Chapel Hill; Stanley E. Holt, Dickson, Tennessee; Stephen Allen Hyman, High Point; William Luke Johnson, Jr., Greensboro; James D. Kaley, Chapel Hill: Kenneth Anthony Koontz, Alexandria, Virginia; Frederick Stevens LaFevers, Goldsboro; Asa B. Lee, III. Spartanburg. South Carolina; Herbert B. Leslie, Camp Lejeune; Jasper Lee Lewis, Jr., Washington; Stephen Barry Mackler, Chapel Hill; Kenneth Paul Manning, Williamston; Roy Sherman Massengill, Smithfield.

Also, John D. Mathewson, Brevard; D. Ray McArthur, Red Springs; Lynn Bruce McNeely, Mooresville; Joseph B. Mickler, Bluefield, West Virginia; Wray S. Monroe, Decatur, Illinois; Joseph Ray Mooring, Jr., Mount Olive; J. M. Murphy, Jr., Dayton, Ohio; Robert N. Myse, Pensacola, Florida; Norman K. Nakaji, Santa Barbara, California; Larry Kent Neal, Sr., Kannapolis; Richard Johnston Noel, Henderson; Walter Bennett Parrish, Jr.,

Rocky Mount; David Larry Parons, Greensboro; Thomas McKeel Peterson, Elon College; John Frank Philips, Jr., Falls Church, Virginia; Robert Carroll Phillips, Jr., Mathews; Ramon G. Plowden, Clyde; Lee Warwick Porter, Wilmington; William H. Salling, Jr., Durham; Edward H. Sayre, Jr., Tryon; Beryl A. Slome, Chapel Hill; Frederick Bowen Smith, Chapel Hill; Arthur Veal Spangler, Jr., Lattimore; Ronld Howell Steelman, Morganton.

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Young Bruton, Charlotte; Mary A. Youngblood, Charlotte; and Fran Zuaboni, Havelock.

Fluoridation Study

A twelve-year study to determine the optimum level of fluoridation for rural school water supplies was recently initiated in North Carolina by the U. S. Public Health Service in cooperation with the Dental Health Division of the State Board of Health.

The Dental Health Division is fluoridating five rural school water supplies in order to provide the benefits of water fluoridation to children who are not served by municipal water supplies. The Laboratory and Sanitary Engineering Divisions of the State Board of Health are assisting in the projects and prior permission of the Boards of Education in the counties in which the schools are located has been granted.

Conference On Comprehensive Care

A conference on comprehensive care in clinical dental education, the first of its kind in the United States, was held at Pine Needles Lodge in Southern Pines, June 16-19. About 100 persons were in attendance at the meeting conducted by the UNC School of Dentistry, and supported by the American Fund for Dental Education and the Procter and Gamble Company.

The conference stressed comprehensive care concept in clinical education. Dean James W. Bawden was conference director. Dr. Clifton E. Crandell, associate professor of oral diagnosis, was associate director.

Scholarships Awarded

Three \$100 scholarships, designed to stimulate and encourage interest among young women in careers in dental assisting and dental hygiene, have been awarded by the Blue Ridge Dental Society.

Dr. G. Terry Johnson, vice president, announced in June that Mrs. Gaynell Goss of Yadkinville, Miss Jane Shores and Miss Margaret Crouse of Sparta were the winners. All three plan to become dental hygienists and the scholarships will be used to help pay for their education.

Association Seeks Members

The American Association of Industrial, Institutional, and Insurance Dentists, formerly the American Association of Industrial Dentists, has announced that members will be accepted who are engaged in the following fields:

1. Industrial Institutions. All practitioners who are servicing personnel of industrial establishments or unions.

2. Insurance Plans. Dentists associated as employees, working or acting as consultants for dental insurance plans or working in private practice for prepaid insurance plans.

3. Dentists associated with a university who have a special interest in group dental health or are affiliated with out-patient care in dental school clinics or hospitals.

For membership information write: Emma M. Aston, executive secretary, 14 Hunter Lane, Camp Hill, Pa., 17011.

Board Elections

Dr. Freeman C. Slaughter of Kannapolis and Dr. Robert H. Wat-

son of Charlotte have been elected to the Board of Dental Examiners for three-year terms beginning August 1. Dr. R. B. Barden, chairman of the Board of Dental Elections made the announcement June 7.

This will be Dr. Slaughter's second term on the Board. In 1968-69 he served as president of the Board. Dr. Watson will be serving his first term.

At its meeting in July, the Board elected Dr. R. B. Barden of Wilmington president of the Board and Dr. C. C. Diercks of Morganton, secretary - treasurer for the coming year.

J. L. Crumpton Honored

J. L. Crumpton of Durham was awarded an honorary Doctor of Laws Degree by Elon College at its 79th annual commencement exercises May 25. Mr. Crumpton is well known by dentists throughout the state. For over 25 years he has administered the Society's group disability insurance program.

Mr. Crumpton was named Elon's outstanding alumnus in 1966. He has served on the college's board of trustees for 15 years.

In conferring the degree, the college cited Mr. Crumpton as a "successful businessman, friend of education, civic leader, dedicated churchman, and Christian gentleman."

Provisional Licenses

The State Board of Dental Examiners may now issue provisional licenses to dentists licensed in other states which will permit them to practice in North Carolina pending the next annual examination scheduled by the Board.



J. L. CRUMPTON (right) of Durham receiving an honorary Doctor of Laws degree from Dr. James E. Danieley, president of Elon College.

The bill authorizing the Board to grant provisional licenses to dentists licensed in other jurisdictions whose requirements for licensure are at least equal to North Carolina standards was introduced in the 1969 General Assembly on May 22 by the Society's Legislative Committee at the direction of the House of Delegates. It was ratified and became law on June 11.

The legislation will assist the UNC School of Dentistry in securing qualified professors, according to Dean James W. Bawden. The salary which the school can offer is limited, Dr. Bawden pointed out, and well qualified men insist upon an opportunity to supplement their income from private work in the school's intramural clinic. Under a temporary license, they will have an opportunity to engage in such practice between the annual exami-

nations of the Board, if the Board determines that they are fully qualified by their home state licensure.

Dental Radiology Traineeship

University of Alabama School of Dentistry announces a three-vear research and teacher training program in Dental Radiology leading to a Master of Science degree. Support for one qualified individual at a first year stipend of \$6,000 per annum plus \$500 for each dependent is available annually through a National Institute of Dental Research training grant. Tuition charges and certain other miscellaneous costs are also grant supported. Applicants are not restricted to those having a dental degree.

Inquiries and applications should be addressed to Dr. Arthur H. Wuehrmann, University of Alabama Medical Center, School of Dentistry, Birmingham, Alabama 35233. Individuals accepted into the program must be approved by both the School of Dentistry and the Graduate School of the University.

NADSP Renamed

Delta Dental Plans Association is the new name of the National Association of Dental Service Plans organized in 1965 to coordinate activities of dental service corporations throughout the nation. The name change was adopted at the annual meeting of the Association membership in Chicago June 7.

Dr. F. Gene Dixon, managing director of California Dental Service, the nation's largest, was elected president of DDPA. Dr. George P. Boucek of Pittsburgh and

president of Pennsylvania Dental Service Corporation, was named vice president.

Other officers elected were: Dr. John Y. Kim, Honolulu, secretary; and Dr. Harvey C. Janke, Cleveland, treasurer.

Forsyth Dentists Honored

Dr. Floyd N. Tomlinson and Dr. Vernon H. Cox were honored in April by the Forsyth County Dental Society for their services and leadership in dentistry. The Society presented plaques to the Winston-Salem dentists in appreciation for their long years of dedication to their profession.

Dr. Tomlinson has been in practice for 51 years. Dr. Cox has practiced for 41 years.

New Blue Certificate

Substantial increases in benefits at lower premiums were offered July 15 to members enrolled in the Society - sponsored group hospital-medical plan administered by North Carolina Blue Cross and Blue Shield, Inc.

The "New Blue" Certificate was recommended by the Society's Insurance Committee and approved by the 1969 House of Delegates.

New benefits have been added in several areas and rates have been reduced in five categories. There is an increase of 66c per quarter for family coverage.

Truth In Lending Act

Dentists who extend or arrange credit for their patients may be required to conform with the Federal "Truth in Lending Act" which became law July 1, 1969, according to Bernard J. Conway, ADA assistant executive director for legal affairs. In a letter to all constituent and component societies, Mr. Conway noted that the Act will apply to dentists under the following circumstances.

1. A dentist who extends his own credit to a patient and charges interest or imposes any other finance charge for that credit must fulfill the disclosure requirements of the Act.

2. A dentist who extends his own credit and charges no interest or other finance charge for that credit will not be subject to the disclosure requirements of the Act, unless he permits the patient to pay the bill in five or more installments.

3. A dentist who arranges credit for his patient (usually a bank loan) will also be required to fulfill the disclosure requirements of the Act.

Mr. Conway also advised constituent or component societies that sponsor postpayment plans to contact the bank or banks that provide postpayment plan loans to determine what assistance the banks will provide to assist participating dentists in fulfilling the Act's disclosure requirements.

Professional Corporation Act

The 1969 General Assembly before adjourning the longest session on record ratified a professional corporation bill sponsored by the North Carolina Association of Professions. The North Carolina Dental Society is a member organization.

Under the provisions of the bill which became law on June 3, dentists will be able to incorporate their practices effective January 1, 1970. Other professionals granted

the same privilege include: architects, attorneys, accountants, physicians, optometrists, osteopaths, chiropractors, veterinarians, podiatrists, practicing psychologists, and engineers.

Clinicians for 1970

Dr. Robert F. Barkley of Macomb, Illinois and Dr. Jack L. Hartley of New Braunfels, Texas, will headline the scientific session at the Society's 114th annual session in Pinehurst May 10-13, 1970, according to a recent announcement by Dr. Vonnie B. Smith, program chairman. Both clinicians are general practitioners in private practice.

Dr. Barkley proved so popular at the Hinman Meeting last March that an extra session had to be scheduled. Dr. Hartley is a pioneer in the development of dentistry for the aerospace program.

Ohituaries

Hugh M. May, 65, of Asheville, a member of the First District Dental Society, died March 8, 1969.

Isaac R. Self, 86, of Lincolnton, a life member of the First District Dental Society, the North Carolina Dental Society, and the American Dental Association, died May 15, 1969.

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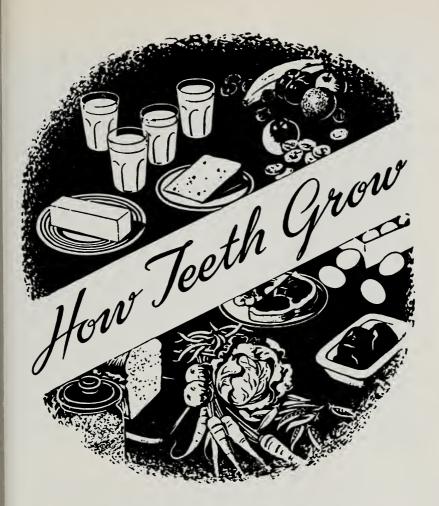
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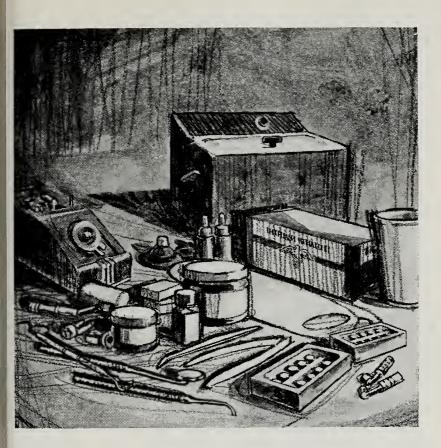
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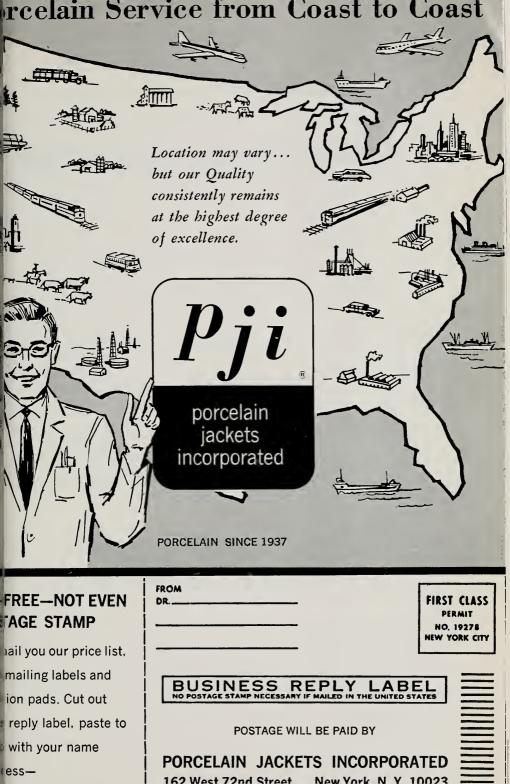
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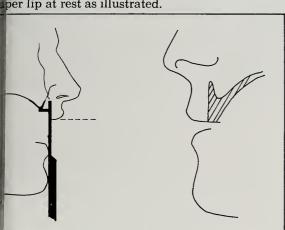
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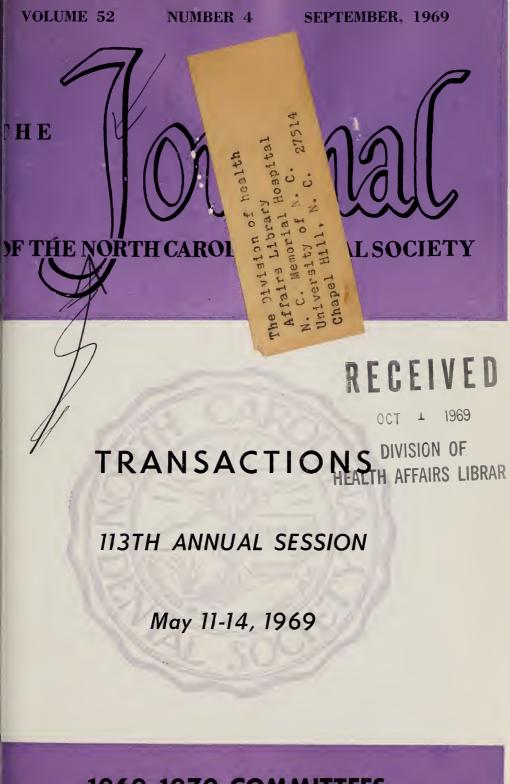
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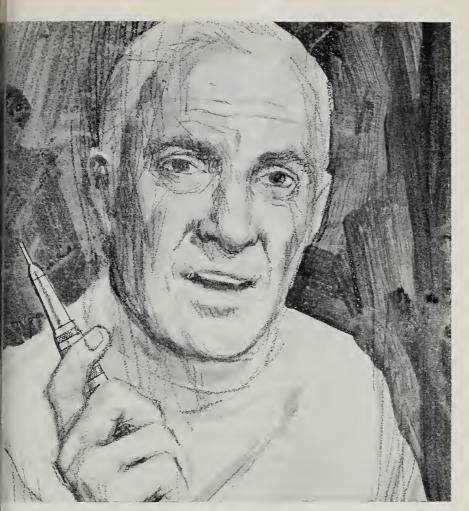
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THE JOURNAL of the

North Carolina Dental Society

A Constituent of the American Dental Association

Containing the

TRANSACTIONS

of the

113th ANNUAL SESSION

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n grateful appreciation his issue is dedicated to . . .



Luther H. Butler, D.D.S. Greensboro

Luther Butler is a native of Georgia. He graduated from Athens Georgia) High School and entered Atlanta-Southern Dental College. ince he received his D.D.S. degree in 1926 he has been continuously enaged in the practice of dentistry with a special interest in Endodontics.

From 1956 to 1959 he served as secretary-treasurer of the North Carolina Dental Society. He was elected president-elect of the Society n 1959 and in 1960-61 assumed the office of president.

He held the offices of secretary-treasurer and president of the Guilford County Dental Society. From 1957-60 he was a member of the Executive Committee of the American Association of Endodontists and in 1967 he became a Diplomate of the Association.

A Fellow of the International College of Dentists, he has been active n civic and fraternal organizations in his community. He has been a nember of the Kiwanis Club for 30 years. He is a Mason, a Shriner, and in Odd Fellow, and is a member of the First Baptist Church of Greensporo.

Report of the President

COLIN P. OSBORNE, JR. Lumberton

Vice President Atwater, Dr. Klenda, Dr. Kellner, Members of the North Carolina Dental Society, Honored Guests, Visitors and Friends:

It is my humble pleasure to have this opportunity and use of a few minutes of this valuable evening. My secret wish is that when it has ended you will feel we both have been considerate of each other's time. No President can take these moments and justifiably cover all the details of a year's activity. By no stretch of the imagination do I propose to do bette. than my predecessors and the future will have to speak for itself. Please lend me your consideration so that I can rapidly bring forth a few major items that will please you this night.

Your Officers, Executive Committee and Committee Members have worked hard during 1968-1969 to provide the best solution for many thorny problems. These affect each of you in different ways and some are not obvious at this time. These questions are ones we spent many hours trying to resolve and pledged our unselfish devotion to their solu-

nours trying to resolve and pledged our unselfish devotion to their solution. There can be no doubt in anyone's mind that your chosen leaders have conscientiously reached the conclusions I will bring to you tonight. Our liaison to the North Carolina State Welfare Board was such as to give you the best possible method of treating patients who otherwise would not receive dental care. By an intelligent exchange of needs for such a program, tailored to the availability of services, we were successful in starting an acceptable plan last October, 1968. It has given you an avenue for treatment coupled with financial reimbursement from a dependnue for treatment coupled with financial reimbursement from a dependable source. The success of this plan is demonstrated by its universal acceptance by dentist and patient alike and the lack of major controversy on the part of all three parties—the two already mentioned and the Welfare Board.

You were in danger of losing major medical protection when the Insurance Company of North America decided to cancel its coverage of our membership. Our Insurance Committee has been extremely active during the past several years and they contacted the Blue Cross-Blue Shield group for consideration of such a policy. After much long-term discussion, this organization agreed to submit a group hospitalization, surgery and medical insurance program with extended benefits. You will recall that those of you who had previously held the original policy were contacted before October 15, 1968, so that your coverage would be carried on as before without an inconvenient interruption.

In addition to this improved major medical policy, the Commercial Insurance Company of Newark, New Jersey. administered by Mr. J. L. Crumpton and his associate Mr. J. Slade Crumpton, made its coverage

haranteed renewable to age 70. Those of you under age 50 enjoyed a duction in premium. We have experienced pleasant circumstances and compt settlement of claims with this organization and its able leadership. Something new for many of you was begun in August, 1968 and later the year and this one you have been contacted about by representaves of the Mutual of Omaha Insurance Company. They are presenting a office overhead expense policy that will absorb some of the shock om those days when you are kept out of the office because of circumances beyond your control. This group coverage is dependent on a redetermined number of participants and you should consider its adantages so that we might reach the desired number during this charter arollment period. Representatives are present for your convenience and ill willingly answer all questions — no matter how foolish you may nink they sound.

Since the Relief Committee has always been a close guardian of those inds, we are in good position to serve those in real need. You must espect the fact that many times money could be given under somewhat uestionable circumstances. I am happy to report that our memberships in good fiscal condition and only one family has required financial

ssistance during the past year.

We ought to consider the advisability of a reciprocal agreement within mall, homogenous areas where several members could bind themselves a aid a stricken fellow practitioner. There are many ways of doing this nd each group might wish to consider its own plan. Surely, we are prosessional enough to overlook the normal competitive approach, especially when one of our kind is out of his office or an untimely death has courred. With the normal pressure of today's dental office and the bleak utlook of future demands, we need to keep each man active as long as possible.

A truly happy note is in the progress of auxiliary training programs hat have consistently improved during the past several years. Expansion f present facilities due to several factors is a reality and subsequent raduation of these students will provide a ready source of well-trained

personnel.

The school at Durham Technical Institute is providing graduates that an move into dental laboratories and within a short time take full responsibility for their services. There are instances where these men have been able to start new, successful businesses within a few years following raduation. A new building program has made possible the doubling of class size beginning in September, 1969.

Liaison with the School of Dentistry in Chapel Hill has provided stature of the graduates and a better appreciation of problems facing dentist and aboratory personnel alike. Within two years, we ought to find a good number of qualified technicians who intelligently contribute better meth-

ods of restoring teeth.

As the quality of these new graduates improve, several things will take place. There are bound to be fewer make-over restorations; a willingness to frankly discuss imperfect impressions, tooth preparations and poor taboratory procedures will develop within the profession. Subsequent unnecessary loss of valuable dental chair time and remakes by the laboratories will result in more profitable techniques for both groups. These facts alone will make the long wait for a good technical program with strong professional support worth the time required for its development.

A really bright spot is the work that has been done this year to bring our laboratory personnel into a better understanding of the problems we face and to seek methods of helping them solve their own dilemma. You may not realize what a close and wonderful situation exists in North Carolina and how completely dependent the two organizations are on each other. No group enjoys this free exchange of each others responsibility or can claim a work force of this proportion for its exclusive use. A special group has joined those of us who have worked so hard the past several years to bring a concept for recognizing this situation. It now appears we will have good cooperation from the State Board of Dental Examiners, the North Carolina Dental Laboratory Association and the

Dental Practice Act Committee for a reasonable method of giving recognition and strength to an important part of the practice of dentistry. proposed commission made up of laboratory personnel, a dentist an board members or their representatives will be further discussed durin this meeting. I request your careful attention to an idea that has the potential of becoming a show case solution for the nation's problem between dental associations and dental laboratory organizations. Its great strengt is recognition of factors that are harmful to both groups and causes the patient to be caught in the middle.

There exists much confusion within the Dental Society and the Norti Carolina Dental Laboratory Association concerning use of the term "Worl Authorization" when applied to those procedures sent from the denta office to a dental laboratory. There is reason to suspect the use of "pre scription" when a referral is made to this exchange for the latter denote something that does not exist. I am convinced that ethical laboratoric do not wish to deal with patients and would like to avoid all suggestion that tend in this direction. They resent any intrusion by the patient tha

destroys the relationship between themselves and dentists.

Among those auxiliary persons on whom the dentist is most dependen is the Dental Hygienist. She has adapted herself to the modern denta office in such a manner as to contribute greatly to its success. Modern techniques have evolved over the long period of her existence so that she stands ready to lend assistance in many procedures that are time consuming but do not necessarily require a dentist's attention. Fortunately you have been willing to sit on the side-lines while our new programs were gaining valuable experience, proper directors and teaching personnel were secured and good techniques for student selection were developed. This patience on your part is now being rewarded by making available a new, qualified graduate that requires a minimum of your time. She is being followed by a better selection because you are encouraging bright young ladies to consider this way of life.

Facilities at the School of Dentistry are being improved and the class size increased so that shortly we will have many additional graduates each year. They have improved the curriculum through suggested changes by their own leaders and the Council on Dental Education of the American Dental Association. These girls will be given opportunities to work with dental students before graduation to familiarize themselves with on-the-

job experience.

A most important fact is the addition of the DATE programs at the University of North Carolina where hygienists can go for an additional two years training, graduate with a degree in Dental Hygiene and teach in many programs at our present community colleges and technical institutes. Called the Dental Auxiliary Teaching Education Program, it represents a first of its kind in the dental schools and offers a degree granting program for those persons who would like additional experience and training. The school will shortly offer one strong source of teachers heretofore unavailable to our different institutions at the community

college level.

The fine programs for teaching dental assistants across our great State made this one of our most rewarding services. At U.N.C. in Chapel Hill; Central Piedmont Community College, Charlotte; Wayne Community College, Goldsboro; Guilford Technical Institute, Jamestown; Technical Institute of Alamance, Burlington, we have good, basic schools well managed and producing an acceptable graduate. Again, the quality of this product is being upgraded as the faculty recruitment and teaching facilities improve. Once again, we will need to exercise patience and understanding until our schools can graduate a quantity of students. The combined teaching institutions are now graduating over 100 assistants each year. Within a year this number will near the 200 mark.

At the present time, our State Board of Dental Examiners is seeking

At the present time, our State Board of Dental Examiners is seeking methods to allow these girls to legally do more tasks within the dental office and not violate the concept that has made North Carolina Dentistry above average. By working with legal advisors, the Dental Practice Act Committee, the Executive Committee and existing teaching facilities they

by ope to arrive at a method of differentiation between on-the-job trained ersonnel and those educated in our schools. More of this tremendous reponsibility must be assumed and will be obvious to you as this meeting 1969) progresses. Discussions to be heard the next three days will give ou some idea of the great amount of time already spent in preparation

f these reports.

A dental service corporation is becoming a reality today because of the apport you have given during the past years. Over 400 members of the orth Carolina Dental Society supplied an answer to requests for fees on elected services when it was mailed last fall. This data has been comuterized and a suitable fee basis for each dental service will be reached o the organization can be considered a success. This is the real work nd from now on it will be a matter of putting these factors in motion or approval by the Insurance Commission and the House of Delegates of 1e North Carolina Dental Society, and acceptance by its membership.

A program of prepaid dental insurance is now under way and should each a select group of participants in the near future. Final agreements vere reached during April, 1969, so the services could begin with a mall nucleus of dentist and patients. After a trial period when early esults can be evaluated, the use will be expanded and all of us can ex-

ect to be given an opportunity to participate.

This represents a real breakthrough for North Carolina because it is a esult of understanding on the part of the Dental Care Programs Comnittee and the carrier, Blue Cross-Blue Shield. Much preparation has receded the decision to be a part of this plan and objectionable factors were eliminated as much as possible before its acceptance.

In order to properly identify the desirable and undesirable requests nd treatment of patients under these programs a Review Committee of 5 nembers appointed for terms (staggered) of 5 years has been established. t will be their duty to study any compromising circumstances from vhatever source so all parties can settle their differences without needless urmoil. They will enjoy a final stand which makes for good, solid committee action.

A meeting to be held during this convention will hopefully produce ncouraging results and these will become evident in the near future. The Federal Dental Service Committee expects the Veteran Administraion to look with favor on a request to up-date those fees paid for this service. If this goes according to a predictable pattern, you can look for

additional remuneration when treating these patients.

The recent ruling by our Attorney General made it necessary for the lental member of the State Welfare Board to resign. This is a regrettable oss to both groups for this dentist is respected by all concerned parties and a segment of our profession had received worthy consideration. Deay in an appointment will be exercised so that we can determine a suitable replacement if there is no reversal of the obtrusive decision

from the Attorney General.

The dues increase reflected in your 1969 dues to the A.D.A. was a result of a successful campaign to defeat an unrealistic amount requested in their original proposal. As the costs of operations goes up, we need to be aware of the shortage that exists when a static amount of revenue is continued. Each one present tonight is fully cognizant of what this means in his own office or business. Therefore, it is not without factual evidence that we will shortly need to make such a consideration in our own organi-

An untimely death of a beloved lady, Mrs. A. M. Cunningham; increase in requested services of our central office by committees, from officers, A.D.A. delegates and districts; upspiralling of equipment and supplies and addition of badly needed personnel has created a sharp reduction in surplus funds this year. It is conceivable that our organization should protect its interest by considering a proposal to purchase the real estate presently used at the corner of Blount and Peace streets in Raleigh.

The North Carolina Delegation to the A.D.A. when it met in Miami last October, 1968, was successful in defeating a motion to postpone indefinitely a resolution passed by the North Carolina Dental Society

House of Delegates. This resolution stated that use of a statement credite to the A.D.A. on a booklet widely distributed by the National Confectioners Association and titled How to Protect Dental Health While Enjoying Candy was tantamount to endorsement by the A.D.A. Smar discussion and careful preparation of its argument beforehand made is possible to convince a majority present that this was true and the elimination of the statement would be in the best interest of our profession. Two years ago, the Regional Medical Program was asked to endorse:

research facility for study of six disease areas.

The Dental Subcommittee was appointed and became functional in 1967 when it was deemed that there was a general need and a role for dentistry in the management of patients with one of six categorical dis eases; heart, stroke, cancer, renal, diabetes, and hemorrhagic disease This committee submitted a grant application to the North Carolina Regional Medical Program requesting funds to support a continuing edu cation program embracing comprehensive care for these patients. The application was approved and funded in May, 1968 and became opera-

tional in September, 1968.

The project entails an extensive continuing education program to be instituted in six pilot community hospitals in North Carolina. Courses will be instituted to provide the dentist with the most current information on the diagnosis, clinical management, and follow-up care for the general medical management of patients presenting any of these six diseases. Continuing education courses will be provided for the physician in order to stimulate his appreciation for attention to the problems of oral disease and courses will be offered to combined groups of physicians and dentists to deal with the specifices of cooperative patient management. Courses will also be provided in the community hospital to increase the number of dental practitioners in the community who are thoroughly familiar with the rules, regulations, and protocal of that hospital.

We must be patient to secure the best possible results. Strong leadership in the active program backed by good cooperation from the N.C.D.S. and the R.M.P. headquarters has given needed support to a new idea. Recently, a representative to the R.M.P. from the North Carolina Dental Society was appointed for a three year term so that coupled with an invitation previously extended to the President to attend their quarterly meetings proper liaison between the two organizations can continue.

Much interesting information on the proper handling of mentally retarded patients is being assimilated by the North Carolina Mental Retardation Program. There is good reason to believe this group will sponsor clinic type forms of instruction to interested dentists who wish to participate in this rewarding experience or now take these patients into their practices. These schools will be conducted throughout North Carolina based on demand and interest. We enjoy good liaison with this fine service through a member appointed to act for the North Carolina Dental Society. He has consistently been active at the meetings and commands their respect for his sincerity.

A Citizens Committee on Flouridation is studying needs for greater use of this desirable method of preventing the ravages of dental decay. They are using information gathered from many sources and we enjoy able representation from two of our members who have worked diligently during this past year. It would seem that our need for this program will confine itself more to large county school units and small communities. More than 70 per cent of our present population that can secure this help through communal water supplies is already receiving its benefits.

We in the North Carolina Dental Society are honored to have many members serving in positions of community responsibility or other areas of service to his fellowman. Especially are we proud of the work being done by the new President of the North Carolina Association of Professions, Dr. L. P. Megginson. He heads the group, made up of members from 6 organizations: dentists, architects, physicians, engineers, vetinarians and pharmacists.

A law now before the North Carolina Legislature is designed to give professional people an opportunity to incorporate their practices and sure a tax shelter during their productive years. This would be a great of proward for most of us because it gives each one the opportunity to p n some method of strengthening his present as well as his future circustances. Whatever help we need in this direction should be extended

s that it becomes a reality during this session of our legislature.

We are honored to have so many important men and women in our pesence this evening and extend each of you our warmest welcome. It is especially good to welcome into honorary membership in the North Crolina Dental Society Dr. Harry Klenda, Wichita, Kansas; Dr. Ralph Fillips, Indianapolis, Indiana; and Dr. Kermit Knudtzon, Chapel Hill, 1 Prth Carolina. It is our gain for these men to become honorary members our state and we can look forward to their continued contribution to canized dentistry.

The State Planning Committee for dentistry has been active during 138-69 with efforts to identify shortages, inequities or weak areas in our pulation and its effect on adequate dental coverage. This work has two been largely ended and a new activity begun in so called Phase II. I is has been concerned with identifying needs of the profession of Intistry in North Carolina and all the dental resources within the State. Impliing these reports from many subcommittees, has not been easy it the tasks have been rewarding as it provided something really concete for the first time. Many important decisions will be based on what less results make available to this committee.

Resolutions

This report is informational in nature and no resolutions are presented.



Speaker Ralph D. Coffey Presiding Over the 1969 House of Delegates

Report of the Secretary- Joseph M. Johnson Laurinburg Treasurer

NORTH CAROLINA DENTAL SOCIETY

AUDIT FOR FISCAL YEAR ENDED MAY 31, 1969

The Officers and Directors North Carolina Dental Society

We have examined the balance sheets and related statements of receip and disbursements for the General Fund, Relief Fund and Developmer Fund, together with supporting schedules, of the North Carolina Dent Society for the year ended May 31, 1969. Our examination was made accordance with generally accepted auditing standards applicable taccounts maintained on the cash basis and accordingly included such tes of the accounting records and such other auditing procedures as we cor sidered necessary in the circumstances.

Inasmuch as the records are maintained on the cash basis of accounting income earned but not received and liabilities incurred but not paid, i any, are not reflected in the accompanying financial statements.

In our opinion, the accompanying financial statements present fairly th financial position of the North Carolina Dental Society at May 31, 1969 and the results of its cash transactions for the year then ended, on basis consistent with that of the preceding year.

LYNCH, McMillan and Robertson

June 17, 1969

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Statement of Cash Receipts and Disbursements

Development Funds:

Exhibit F Exhibit G **Balance Sheet**

Statement of Cash Receipts and Disbursements

Capital Fund:

Exhibit H

Balance Sheet

General:

Exhibit I Schedule 1 Combined Balance Sheet 1969 Annual Session Expenses

EXHIBIT A

GENERAL FUND BALANCE SHEET—MAY 31, 1969

ASSETS

(sh:		
Checking account—First Citizens Bank & Trust Co., Raleigh, North Carolina		e 0.446.00
Savings accounts:		.\$ 0,440.00
North Carolina National Bank,		
Raleigh, North Carolina\$	8.352.74	
First Citizens Bank & Trust Co.		
Raleigh North Carolina	2,796.23	
Raleigh Savings & Loan Association,	_,	
Raleigh Savings & Loan Association, Raleigh, North Carolina	11,373.21	
First Federal Savings & Loan Association		
Durham, North Carolina	11,193.05	
Wachovia Bank & Trust Co.,	40 40 7 00	40.040.00
Raleigh, North Carolina	10,125.00	43,840.23
Total		¢ 52 206 21
Total		.\$ 52,200.51
SURPLUS		
opropriated:	1 000 00	
Reserve for Library and History Committee\$	1,600.00	
Reserve for Dental Service Corporation		
Committee	2 260 47	e 4 960 47
Less expended to date	3,209.47	\$ 4,009.41
nappropriated:		
RalanceMay 21 1068	46 399 49	
Balance—May 31, 1968\$ Add revenue receipts in excess of expense	10,000.10	
disbursements—Exhibit B	1.017.35	47.416.84
disbursements—Lixinor D	1,011.00	11,110.01
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Total		.\$ 52,286.31
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Total		52,286.31
Total	· · · · · · · · · · · · · · · · · · ·	EXHIBIT B
Total		
GENERAL FUND		EXHIBIT B
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GENERAL FUND ANALYSIS OF CHANGES IN SURPLUS FOR MAY 31, 1969 evenue receipts: Total receipts—Exhibit C	1,206.00 5,000.00	EXHIBIT B ENDED\$149,974.00 6,206.00
GENERAL FUND ANALYSIS OF CHANGES IN SURPLUS FOR MAY 31, 1969 evenue receipts: Total receipts—Exhibit C	1,206.00 5,000.00	EXHIBIT B ENDED\$149,974.00 6,206.00
GENERAL FUND ANALYSIS OF CHANGES IN SURPLUS FOR MAY 31, 1969 evenue receipts: Total receipts—Exhibit C	1,206.00 5,000.00	EXHIBIT B ENDED\$149,974.00 6,206.00\$143,768.00
GENERAL FUND ANALYSIS OF CHANGES IN SURPLUS FOR MAY 31, 1969 evenue receipts: Total receipts—Exhibit C	1,206.00 5,000.00	EXHIBIT B ENDED\$149,974.00 6,206.00\$143,768.00
GENERAL FUND ANALYSIS OF CHANGES IN SURPLUS FOR MAY 31, 1969 evenue receipts: Total receipts—Exhibit C	1,206.00 5,000.00 .56,554.90	EXHIBIT B ENDED\$149,974.00 6,206.00\$143,768.00
GENERAL FUND ANALYSIS OF CHANGES IN SURPLUS FOR MAY 31, 1969 evenue receipts: Total receipts—Exhibit C	1,206.00 5,000.00 .56,554.90	EXHIBIT B .ENDED\$149,974.00 6,206.00\$143,768.00

GENERAL FUND

STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS FOR THI YEAR ENDED MAY 31, 1969

1969	
\$123,284.50 12,012.50 5,776.74 696.82 1,465.19 18.00 1,675.00	
	\$149,974.0
80,620.50	1.1 1.1 1.2 1.2 1.3
35,413.98	
7,805.90	
7,634.07	
	\$123,284.50 12,012.50 5,776.74 696.82 1,465.19 18.00 1,675.00 5,000.00 45.25 45.25 35,413.98

	BALANCE SHEE	National Exhibit E	,\$	10,792.03 6,454.15 2,251.14 8,766.94 5,000.00 9,083.55 2,500.00 5,189.85	\$	524.69 50,037.66
	ASS sh: Checking account—North Carolina Bank, Raleigh, North Carolina—I Savings accounts: First Federal Savings and Loan A Durham, North Carolina—First Union National Bank, Raleigh, North Carolina—First Union National Bank, Raleigh, North Carolina—First Citizens Bank and Trust Co Raleigh, North Carolina—First Citizens Bank and Trust Co Raleigh, North Carolina—North Carolina North Carolina Nort	T—MAY 3 SETS National Exhibit E Association	,'\$	10,792.03 6,454.15 2,251.14 8,766.94 5,000.00 9,083.55 2,500.00	\$	
	sh: Checking account—North Carolina Bank, Raleigh, North Carolina—I Savings accounts: First Federal Savings and Loan A Durham, North Carolina First Union National Bank, Raleigh, North Carolina First Union National Bank, Raleigh, North Carolina First Citizens Bank and Trust Co Raleigh, North Carolina First Citizens Bank and Trust Co Raleigh, North Carolina North Carolina North Carolina North Carolina National Bank, Raleigh, North Carolina	SETS National Exhibit E Association	,\$	10,792.03 6,454.15 2,251.14 8,766.94 5,000.00 9,083.55		
	sh: Checking account—North Carolina Bank, Raleigh, North Carolina—I Savings accounts: First Federal Savings and Loan A Durham, North Carolina First Union National Bank, Raleigh, North Carolina First Union National Bank, Raleigh, North Carolina First Citizens Bank and Trust Co Raleigh, North Carolina First Citizens Bank and Trust Co Raleigh, North Carolina North Carolina North Carolina North Carolina National Bank, Raleigh, North Carolina	SETS National Exhibit E Association	,\$	10,792.03 6,454.15 2,251.14 8,766.94 5,000.00 9,083.55		
	BALANCE SHEE ASS sh: Checking account—North Carolina Bank, Raleigh, North Carolina—I Savings accounts: First Federal Savings and Loan A Durham, North Carolina First Union National Bank, Raleigh, North Carolina First Union National Bank, Raleigh, North Carolina First Citizens Bank and Trust Co Raleigh, North Carolina First Citizens Bank and Trust Co Raleigh, North Carolina	ET—MAY 3 ETS National Exhibit E Association	, ,\$	10,792.03 6,454.15 2,251.14 8,766.94 5,000.00		
	BALANCE SHEE ASS sh: Checking account—North Carolina Bank, Raleigh, North Carolina—I Savings accounts: First Federal Savings and Loan A Durham, North Carolina First Union National Bank, Raleigh, North Carolina First Union National Bank, Raleigh, North Carolina First Citizens Bank and Trust Co Raleigh, North Carolina First Citizens Bank and Trust Co	ET—MAY 3 SETS National Exhibit E Association	·\$	10,792.03 6,454.15 2,251.14 8,766.94		
	BALANCE SHEE ASS sh: Checking account—North Carolina Bank, Raleigh, North Carolina—I Savings accounts: First Federal Savings and Loan A Durham, North Carolina First Union National Bank, Raleigh, North Carolina First Union National Bank, Raleigh, North Carolina First Citizens Bank and Trust Co Raleigh, North Carolina	T—MAY 3 SETS National Exhibit E Association	·\$	10,792.03 6,454.15 2,251.14		
	BALANCE SHEE ASS sh: Checking account—North Carolina Bank, Raleigh, North Carolina—I Savings accounts: First Federal Savings and Loan A Durham, North Carolina First Union National Bank, Raleigh, North Carolina First Union National Bank, Raleigh, North Carolina	T—MAY 3 SETS National Exhibit E	, , \$	10,792.03 6,454.15		
	BALANCE SHEE ASS sh: Checking account—North Carolina Bank, Raleigh, North Carolina—I Savings accounts: First Federal Savings and Loan Durham, North Carolina First Union National Bank, Raleigh, North Carolina	SETS National Exhibit E Association	, , \$	10,792.03 6,454.15		
	BALANCE SHEE ASS sh: Checking account—North Carolina Bank, Raleigh, North Carolina—I Savings accounts: First Federal Savings and Loan A Durham, North Carolina	SETS National Exhibit E Association	·\$	10,792.03		
	BALANCE SHEE ASS sh: Checking account—North Carolina Bank, Raleigh, North Carolina—I Savings accounts: First Federal Savings and Loan A Durham, North Carolina	SETS National Exhibit E Association	,			
	BALANCE SHEE ASS sh: Checking account—North Carolina Bank, Raleigh, North Carolina—I Savings accounts:	ET—MAY 3 EETS National Exhibit E	•			
	BALANCE SHEE ASS sh:	ET—MAY 3 SETS				
	BALANCE SHEE ASS	ET—MAY 3	31, :	1969	EX	CHIBIT D
	BALANCE SHEE	T—MAY 3	31,	1969	EX	KHIBIT D
			81,	1969	EX	KHIBIT D
	RELIE	F FUND			EN	KHIBIT D
					EX	KHIBIT D
sa:	nk balance —May 31, 1969—Exhib	oit A			.	0,440.00
X	cess of disbursements over receipt nk balance—May 31, 1968	S			(6,580.90) 15.026.98
	Total disbursements					
	dividends	1,100.10	_	15,004.25	Ф.1	50 554 00
	Reinvested interest and dividends	1 465 10		13 804 25		
	Dental Service Corporation Committee	339.06				
1	Non-expense disbursements: Transfer of funds\$	12,000.00				
7	_					
	Addressing service	$74.80 \\ 43.75$	\$	11,276.20		
	Audit	325.00				
	American Association of Dental Editors	52.50				
	of Professions	200.00				
	Dental Service Plans North Carolina Association	150.00				
	National Association of					
	Education Fifth trustee district	$100.00 \\ 120.00$				
	Carolina, Inc American Fund for Dental	120.00				
	Dental Foundation of North	190.00				
	Legal counsel	$9,510.97 \\ 579.18$				
	Annual session—Schedule I S	0 = 10 0=				
(Other: Annual session—Schedule 1\$					

SURPLUS

SURP					
Balance—May 31, 1968 Excess of receipts over disbursemen					
TotalAdd: Transfer to savings account\$	7,000.00	••••		\$	47,985.94
Reinvested interest and dividends	1,956.41	\$	8,956.41		İ
Less: Cost of matured bonds\$ Transfer from savings to	1,080.00				
checking account	5,300.00		6,380.00		2,576.41
Total				\$	50,562.35
RELIEF STATEMENT OF CASH RECEIPTS YEAR ENDED	AND DISE				KHIBIT E
Recipts:					1
A. D. A. Relief Fund	ends	- <i>-</i>	1,526.25 2,081.41 1,500.00 5,300.00 10.77		
Total receipts				\$	10,418.43
Disbursements: Relief grants to A. D. A Reinvested interest and dividends. Transfer of funds Other			1,100.00 1,956.41 7,000.00 14.47		
Total disbursements					10,070.88
Excess of receipts over disbursements Bank balance—May 31, 1968	s			\$	347.55 177.14
Bank balance—May 31, 1969					
DEVELORA	GIRALIAN IRIKA	n		E	хнівіт ғ
DEVELOPN BALANCE SHEE			969		
	ETS	-, -	.000		
Cash:					
Checking account—First Union Nat Bank, Raleigh, North Carolina		\$	713.20		
Savings account—First Federal Sav Loan Association, Durham, Nort	ings and th Carolina	l	2,116.34		
Total				\$	2,829.54
SUR	PLUS			_	
Reserve for permanent improvements Balance—May 31, 1968 Less: Excess of expense disburseme	s :			\$	4,192.04
Less: Excess of expense disburseme revenue receipts: Transfer of funds					

Less: Reinvested interest\$	180 19				
Excess receipts over					
disbursements— Exhibit G	457 37	\$	637.50	¢	1,362.50
M-4-1		Ψ		φ	
Total				\$ =	2,829.54
					XHIBIT G
DEVELOPME					
STATEMENT OF CASH RECEIPTS A YEAR ENDED M				'S I	FOR THE
Receipts:	IA 1 31, 1	1969	,		
Transfer from savings account		\$	2,000.00		
Income from sale of equipment			75.00 180 13		
Other			.34		
Total receipts		_		\$	2,255.47
Disbursements:				φ	2,200.11
Furniture and equipment	• • • • • • • • • • • • • • • • • • • •	\$	1,575.64		
Reinvested interest Other			42.33		
Total disbursements					1 700 10
				_	1,798.10
excess of receipts over disbursements				\$	457.37
Bank balance, May 31, 1968					255.83
3ank balance, May 31, 1969				\$	713.20
				_	
				EX	хнівіт н
CAPITAL			•	EX	кнівіт н
BALANCE SHEET-	_MAY 3	1, 1	969	EX	кнівіт н
BALANCE SHEET- ASSET	_МА У 3 ГЅ				
BALANCE SHEET- ASSET Furniture and equipment at cost	—MAY 3				
BALANCE SHEET- ASSET Furniture and equipment at cost SURPL Invested in fixed assets:	—MAY 3 ΓS US	·		\$	12,478.07
BALANCE SHEET- ASSET Furniture and equipment at cost SURPL Invested in fixed assets: Balance—May 31, 1968	—MAY 3			\$	12,478.07
BALANCE SHEET- ASSET Furniture and equipment at cost SURPL Invested in fixed assets: Balance—May 31, 1968	—MAY 3			\$	12,478.07
BALANCE SHEET- ASSET Furniture and equipment at cost SURPL Invested in fixed assets: Balance—May 31, 1968	—MAY 3			\$	12,478.07
BALANCE SHEET- ASSET Furniture and equipment at cost SURPL Invested in fixed assets: Balance—May 31, 1968	—MAY 3			\$	12,478.07
BALANCE SHEET- ASSET Furniture and equipment at cost SURPL Invested in fixed assets: Balance—May 31, 1968	—MAY 3			\$	12,478.07
BALANCE SHEET— ASSET Furniture and equipment at cost	—MAY 3	\$	72.10 1,383.03 84.46 36.05	\$	12,478.07 11,718.07 1,575.64
BALANCE SHEET— ASSET Curniture and equipment at cost	—MAY 3	\$	72.10 1,383.03 84.46 36.05	\$	12,478.07 11,718.07 1,575.64
BALANCE SHEET- ASSET Furniture and equipment at cost	US US e year:	\$	72.10 1,383.03 84.46 36.05	\$	12,478.07 11,718.07 1,575.64
BALANCE SHEET- ASSET Furniture and equipment at cost	US US year:	\$ \$	72.10 1,383.03 84.46 36.05	\$	12,478.07 11,718.07 1,575.64 13,293.71
BALANCE SHEET- ASSET Furniture and equipment at cost	US US year:	\$ \$	72.10 1,383.03 84.46 36.05	\$	12,478.07 11,718.07 1,575.64 13,293.71
BALANCE SHEET- ASSET Furniture and equipment at cost	US US year:	\$ \$	72.10 1,383.03 84.46 36.05 310.42 375.00 130.22	\$	12,478.07 11,718.07 1,575.64 13,293.71 815.64
BALANCE SHEET— ASSET Curniture and equipment at cost	US US year:	\$ \$	72.10 1,383.03 84.46 36.05 310.42 375.00 130.22	\$	12,478.07 11,718.07 1,575.64 13,293.71
BALANCE SHEET— ASSET Curniture and equipment at cost	US US year:	\$ \$	72.10 1,383.03 84.46 36.05 310.42 375.00 130.22	\$	12,478.07 11,718.07 1,575.64 13,293.71 815.64 12,478.07
BALANCE SHEET— ASSET Curniture and equipment at cost	WAY 3	\$	72.10 1,383.03 84.46 36.05 310.42 375.00 130.22	\$	12,478.07 11,718.07 1,575.64 13,293.71 815.64
BALANCE SHEET— ASSET Curniture and equipment at cost	WAY 3 US US E year:	\$	72.10 1,383.03 84.46 36.05 310.42 375.00 130.22	\$	12,478.07 11,718.07 1,575.64 13,293.71 815.64 12,478.07
BALANCE SHEET— ASSET Curniture and equipment at cost	WAY 3 US US E year:	\$	72.10 1,383.03 84.46 36.05 310.42 375.00 130.22	\$	12,478.07 11,718.07 1,575.64 13,293.71 815.64 12,478.07
BALANCE SHEET— ASSET Curniture and equipment at cost	WAY 3 US US Eyear: NDS HEET, M	\$ \$	72.10 1,383.03 84.46 36.05 310.42 375.00 130.22	\$	12,478.07 11,718.07 1,575.64 13,293.71 815.64 12,478.07

Savings accounts	95,994.23	\$105,678.20
Office furniture and equipment at cost		12,478.07
Total		\$118,156.27
SURPLUS		
Appropriated:		
General fund	4,869.47 2,829.54	\$ 7,699.01
Invested in fixed assets:		
Capital fund		12,478.07
Unappropriated:		
General fund	47,416.84	
Relief fund	50,562.35	97,979.19
Total		\$118,156.27
GENERAL FUND	S	CHEDULE 1
SCHEDULE OF 1969 ANNUAL SESSIO	N EXPENS	ES
Arrangements Committee:		
Stenotypist		
Postage Registration	$125.00 \\ 444.34$	
Presentation	25.22	
Transportation of equipment	132.75	
Printing	437.27	
SignsStaff lodging and meals	109.18 594.47	
Coffee breaks	173.39	
Telegrams	2.02	
Projection equipment rental	36.00	e 9.167.54
Special services	137.90	\$ 3,167.54
Exhibit Committee:		
Door prizes\$		
Refunds Printing	$332.50 \\ 23.18$	
Social hour	248.36	
Exhibit space	600.00	
Decorator	$867.00 \\ 20.00$	9 490 94
-		2,438.34
Entertainment Committee: Banquet\$	87.48	
Reception	372.05	
Dance	300.00	
Lawn party	348.50	1 400 00
Entertainment	300.00	1,408.03
Necrology Committee		
Program Committee		
Clinic Committee		118.42
House of delegates		233.97
Total		\$ 9,510.97

Report of the Executive Secretary

Andrew M. Cunningham Raleigh

This has been an eventful year. As required by Article XV, Section 8 the *Bylaws* I am submitting my fourteenth annual report as your becutive Secretary. I shall not attempt to cover the details of all that Is been done in your behalf. I shall simply comment on some of the Igh spots.

The Blue Book, the most voluminous in several years, is proof that ur officers and committees have been extremely active. As a result the Duse of Delegates has a heavy workload and will consider over 60 re-Irts and resolutions. The Central Office has made very effort to furnish equate administrative support in the preparation of these reports.

Annual Session. I am pleased to report that prospects for a record tendance at the 113th Annual Session are good. By mid April, The (rolina was booked to capacity, this is the first time this has happened i many years. Two factors contributed to this situation. First, a golf turnament will be in progress in this area which has filled all motels d hotels in the area all the way to Sanford. Second, The Carolina is w completely air-conditioned. No doubt members who previously stayed motels, elected to take advantage of the air-cooled comfort and connience of the headquarters hotel.

By next year, The Carolina plans to add a swimming pool to its fa-tities. This will attract many more members. A hotel rates conventions head-count. If a convention fills the hotel, then many priorities are corded that convention. If we continue to fill The Carolina, then we Il be in a much more favorable position in making arrangements for

Iture conventions.

Central Office. This has been a difficult year for us from an adminrative standpoint. The Central Office lost two employees with many ars of valuable experience.

Because of the illness of her mother, Miss Mira Riddle resigned Ocoer 31, 1968 to return to Morganton. Mira had served as Central Office

cretary since 1955.

Mrs. Dorothy F. Cunningham died suddenly on December 18, 1968. prothy had served as a part-time employee since 1955.

We have been fortunate, however, in finding and employing two young lies who have capably assumed their assigned duties.

In the middle of October, 1968, Mrs. Kathryn Montague joined the staff my secretary. She also is responsible for maintaining the financial rec-

Early in February, Miss Faye E. Kiser was employed as membership

cords secretary.

Both Mrs. Montague and Miss Kiser are welcome additions to the staff d we are confident they will provide competent service to the Society they gain experience. We are glad to have them.

Membership. North Carolina will be entitled to seven seats in the ADA

House of Delegates when it convenes in New York next October. Since

1954 North Carolina has had six delegates.

The House is limited to 417 delegates. Sixty are allocated without re gard to membership. Each of the 55 constituent societies and the 5 feder: dental services are entitled to one delegate regardless of how many men bers they have. The remaining 357 delegates are allocated to the 5 constituent societies "proportionately to their number of active and life members." This system of allocation of delegates is similar to that of th House of Representatives of the U.S. Congress.

The additional delegate was given to North Carolina on the basis of it membership at the end of 1968. However, it should be noted that sinc December 31, 1968, the Society has lost 9 members. Six members have resigned and 3 have died, leaving a membership total of 1,421 on Apr 1, 1969. This is 9 less than the total membership of 1,430 at the end of

1968. Of this number there are 25 delinquent members.

Unless a vigorous effort is made to recruit new members, reinstat members who have left the Society for one reason or another, and collect dues from delinquent members, North Carolina could lose the extra dele

gate in 1970.

This situation is further complicated by the low percentage of UN graduates who are entering private practice upon graduation. In 1968 ov of 47 UNC graduates only 8 entered private practice. The majority of the remaining 39 went into the armed forces to complete their military obli gation and a few elected to further their education in graduate school From all reports the same pattern may occur among the 1969 graduate:

District Constitution and Bylaws. The district constitution and bylaws of the districts have not had a major revision since 1960. I am recom mending that the District Officers Conference undertake this project. understand the Third District is considering revising their Constitutio and Bylaws. It would be advisable for all districts to work together i such an undertaking to maintain uniformity. The District Officers Conference is the logical forum for such a project.

Publications. It is the responsibility of the Executive Secretary to as sist in editing, publishing and managing the business affairs of all publications of the Society. As The Journal has become more sophisticated i content and format, this responsibility has required an unprecedented

amount of time which could be better spent in other areas.

Early in 1969 Mr. Toby Druin, associate editor of The Biblical Recorder was employed on a part-time basis to relieve the Executive Secretary in the editing and publishing of The Journal. As Mr. Druin becomes bette acquainted with our publication he will take over completely the editinand publishing of The Journal, and my responsibility will be limited to managing its business affairs. Mr. Druin is experienced in the publication cation field and the Society is fortunate in gaining his services.

A Personal Word. Let me take this opportunity to thank the man l dentists and friends of dentistry for their countless expressions of sym pathy in so many ways on the death of Mrs. Cunningham. They were source of real inspiration to me as I tried to adjust to my personal loss of Dorothy had a host of friends in the profession whom she loved and who loved her.

Until the day before she died, she capably served the Society as a member of the Central Office staff with a happy enthusiasm which was contagious. Because of her personal interest, in her work, she rendered countless services which will probably never get done again.

Especially am I grateful to those who contributed to the Dental Foundation of North Carolina, Inc., and established the Dorothy F. Cunning ham Memorial Fund. It is a fitting tribute to a lovely lady and one which I am confident she would appreciate. My personal thanks to all o you.

Minutes

of

AUGUST 3, 1968

MAY 8, 1968

August 25, 1968

DECEMBER 6, 1968

DECEMBER 7, 1968

FEBRUARY 7, 1969

FEBRUARY 8. 1969

May 11, 1969

Executive Committee

Frank G. Atwater Chairman Greensboro

PINEHURST, NORTH CAROLINA May 8, 1968

Call to Order: The Executive Committee convened in the North Room The Carolina in Pinehurst at the close of the 112th Session of the sciety on Wednesday, May 8. President Osborne called the meeting to der. Dr. Atwater led in prayer.

Roll Call: Committee members present: Drs. Colin P. Osborne, Jr., rank G. Atwater, C. W. Poindexter, Joseph M. Johnson, Lackey B. eeler, James H. Lee and George F. Kirkland, Jr. Staff members present: Andrew M. Cunningham, Executive Secretary id Miss Mira Riddle, Central Office Secretary.

Introduction of New Members: Dr. Osborne noted that Dr. C. W. pindexter had been elected president-elect and Dr. Frank G. Atwater id been elected vice president and were rejoining the committee in ese capacities.

He announced with regret that Dr. L. D. Herring, newly-elected

cretary-treasurer was unable to be present because of illness.

He announced the appointment of Dr. Joseph M. Johnson as a new ember of the committee for a term of 3 years and chairman for 1968-69. He announced the appointment of Dr. James H. Lee to the committee r a term of 2 years, to replace Dr. Atwater who had been elected vice esident.

Dr. Johnson assumed the chair and presided for the rest of the meeting.

Acting Secretary-Treasurer Appointed: It was noted that Dr. Herring ould not be able to immediately assume the full duties of secretary-easurer because of illness. Dr. Osborne moved that Dr. C. W. Pointexter be appointed acting secretary-treasurer and be authorized to sign I checks and drafts on Society accounts in the interim. Dr. Atwater conded the motion and it was carried.

Editor-Publisher: Dr. Peeler moved that Dr. A. Breece Breland be appointed editor-publisher for 1968-69. Dr. Lee seconded the motion id it was carried.

Executive Secretary: Dr. Poindexter moved that Mr. Andrew M. Cunngham be re-appointed executive secretary for 1968-69. Dr. Lee seconded

the motion and it was carried. It was noted that he would be comper sated according to the schedule of payment adopted by the 1966 Hous of Delegates.

Secretaries Management Conference: Dr. Atwater moved that the secretary-treasurer represent the Society at the State Secretaries Management Conference at the ADA headquarters in Chicago June 3-5, 1968, and in the event he cannot attend, the president will designate an appropriate representative. Dr. Lee seconded the motion and it was carried.

Dr. Atwater moved that the executive secretary be authorized to attend the State Secretaries Management Conference in Chicago June 3-5, 1966

Dr. Lee seconded the motion and it was carried.

1970 Annual Session: It was noted that the Society in general sessio on May 6 voted to hold the 114th Annual Session in Pinehurst Ma 10-13, 1970.

Dr. Poindexter moved that these dates be confirmed with The Carolina

Dr. Osborne seconded the motion and it was carried.

Budget Committee: Dr. Osborne announced the appointment of the following to the Budget Committee: Dr. Herring, chairman; Dr. Poindexte and Dr. Atwater. He requested that the Budget Committee submit it report at the next meeting of the Executive Committee.

President's Comments: Dr. Osborne announced the appointment of Di Fred G. Hasty as general chairman 1969 Annual Session and Dr. J. Harri

Spillman as chairman of the Program Committee.

He also announced that the clinicians for the 1969 Annual Session would be: Dr. Ralph W. Phillips of Indianapolis, Indiana; Dr. William W. Dolan of Coral Gables, Florida; and Dr. Galen W. Quinn of Duk Medical Center.

He suggested that the Executive Committee consider installing a Wid Area Telephone Service (WATS) in the Central Office. Mr. Cunninghar was requested to investigate the cost of the service and report to the

Executive Committee at its next meeting.

Travel Program: A proposal for a vacation travel package for member of the Society was received from American International Travel Servic of Boston. It will be placed on the agenda of the next meeting for consideration.

Future Meetings: Dr. Osborne suggested that the Executive Committed meet next at Holly Inn in Pinehurst on August 3. Dr. Poindexter move that the next meeting be held at 3:00 p.m. on Saturday, August 3 a Holly Inn, provided satisfactory arrangements can be made with the hotel. Dr. Osborne seconded the motion and it was carried.

If a Fall meeting is necessary, it was agreed that the committee would meet in Raleigh on Sunday, October 13 at 9:30 a.m., during the annua session of the Fourth District.

It was noted that the annual District Officers Conference was scheduled for December 7-8 in Raleigh, and a meeting could be held during

this weekend should pending business require it.

The customary joint session of the Executive and Annual Session Committees will be held Sunday morning, January 12 at The Carolina in Pinehurst. The Executive Committee will meet Saturday evening, January 12 at The Carolina in Pinehurst. ary 11 in Pinehurst.

Adjournment: There being no further business, the meeting was ad journed on motion by Dr. Atwater, seconded by Dr. Lee.

> C. W. Poindexter, DD. President-Elec (Acting Secretary-Treasurer

PINEHURST, NORTH CAROLINA August 3, 1968

Call to Order: The Executive Committee convened Saturday, August 3, 68 at Holly Inn, Pinehurst. Dr. Joseph M. Johnson, chairman, called

e meeting to order at 2:30 p.m.

A moment of silence was observed in memory of Dr. L. D. Herring, cretary-treasurer, who died May 14, 1968, followed by a prayer by l. Johnson.

Roll Call: Committee members present were: Drs. Joseph M. Johnson, olin P. Osborne, Jr., James H. Lee, C. W. Poindexter, George F. Kirk-Ind. Jr., and Frank G. Atwater.

Staff members present were: Andrew M. Cunningham and Miss Mira ddle.

Others present were: Dr. Roy L. Lindahl, chairman, Dental Service Orporation Committee.

Approval of Minutes: On motion by Dr. Osborne, seconded by Dr. bindexter, the minutes of May 5, 1968 and May 8, 1968 were approved.

Dental Service Corporation: Dr. Roy L. Lindahl, chairman, Dental prvice Corporation Committee, presented a progress report. He stated at within the next few days every member would be sent a confidential le listing form to be completed and returned by August 19, indicating e usual, customary and reasonable fee for services performed. He said is information was needed to develop sample contracts for presentaon to the Commissioner of Insurance.

He said the Committee hoped to activate the North Carolina Dental

rvice Corporation by October 1, 1968. He noted that the Council on Dental Care Programs had urged con-

tuent societies to establish dental service corporations.

The report was received for information with the suggestion that plicate copies of the confidential fee listing form be sent to the dentists, that they could retain a copy for their files.

Audit 1967-68: Dr. Poindexter moved that the audit of Society funds r the fiscal year 1967-68 prepared by Lynch and McMillan, certified iblic accountants, be approved. Seconded by Dr. Kirkland. Motion rried.

It was noted that the surplus in the General Fund for 1967-68 was ,287.47 and that the unappropriated reserve funds totaled \$46,399.49.

Financial Report: Dr. Poindexter moved that the secretary-treasurer's port of July 31, 1968 be received for information. Seconded by Dr. twater. Motion carried.

Election of Secretary-Treasurer: The chairman called for nominations r the office of secretary-treasurer to fill the unexpired term of Dr.

D. Herring, who died May 14, 1968.

He noted that the Constitution and Bylaws did not specifically prode for filling of vacancies in any of the elected offices of the Society. He then read an opinion on the matter submitted by Mr. R. C. owison, Jr., legal counsel, in a letter to the executive secretary dated ay 17, 1968. It stated in part:

"Article II, Section 1 of the Bylaws provides that the Executive Comittee shall have general supervision of the affairs of the Society when e House of Delegates is not in session. In my opinion, the powers anted to the Executive Committee in this section include the power fill vacancies in the elected offices of the Society for the balance of eir unexpired term. Thus, I am of the opinion that the Executive Committee the second of the Society for the Society Committee the second of the Society for the Society Committee the second of the Society for the Society Committee the second of the Society for the Society Committee the second of the Society for the Society Committee the second of the Society for the Society Committee the second of the Society for the Soci ittee has both the power and the duty to elect a member of the Society secretary-treasurer to fill out the unexpired term of Dr. Herring. The

Executive Committee would have the right to choose any member of the

Society who would be eligible for election.

President Osborne informed the Committee that he had requested the Fourth District to suggest candidates for the office for consideration by the Committee. He read a letter from Dr. Robert T. Byrd, chairman Fourth District Nominating Committee, listing three candidates for constants. sideration as nominees. President Osborne asked the Committee to consider these three candidates in making nominations.

Dr. Kirkland nominated Dr. Joseph M. Johnson as secretary-treasure.

to fill the unexpired term of Dr. L. D. Herring.

Dr. Johnson excused himself and retired from the meeting. Presiden Osborne assumed the chair.

There being no further nominations, Dr. Johnson was elected by ac-

clamation, on motion by Dr. Atwater, seconded by Dr. Kirkland.
Dr. Johnson returned to the meeting. He thanked the Committee for the confidence placed in him by electing him secretary-treasurer, offered his resignation as chairman of the Executive Committee and accepted the new post. President Osborne formally installed him as secretary. treasurer.

Executive Committee Appointments: President Osborne announced the following appointments to the Executive Committee:

Dr. James H. Lee, chairman, to succeed Dr. Johnson.
Dr. C. Z. Candler, member for a term of three years, to fill the vacancy created by the election of Dr. Johnson as secretary-treasurer.

Dr. Lee assumed the chair.

Budget for 1968-69: The report of the Budget Committee was presented by Dr. Poindexter, chairman. Other members of the Committee were Drs. Atwater and Johnson.

The Committee submitted a budget of \$61,344, including the following

items:

(1) An increase of 6.5 per cent in the Executive Secretary's salary over the salary paid him in 1966-67. The 1966 House of Delegates pegged the Executive Secretary's salary to the Consumer Price Index of June 1966. At the end of May, 1966 the index was 112.9. At the end of May, 1968 the index was 120.3, an increase of 6.5 per cent.

(2) An increase in salaries and payroll taxes to add a full time clerk-typist-receptionist to the Central Office staff.

(3) An appropriation to the Editor-Publisher of \$350 to cover out-of pocket expenses.

(4) An appropriation of \$500 to cover the expense of a headquarter suite at the ADA meeting in Miami Beach, October 28-31, 1968.

(5) An appropriation of \$9.000 to the Annual Session Committee, in-

cluding \$1,840 to the Program Committee.

It was noted that this was a "hold the line" budget and no new programs or expanded services were recommended and that the contingent fund was approximately 2 per cent of anticipated revenue. The Committee stated that it is highly probable that because of inflation. it might not be possible to come up with a balanced budget in 1969-70 unless more revenue is made available.

The Committee also noted that 700 square feet of space now occupied in the Central Office building by the N. C. Association for the Blind may be vacated in the near future. If the Society decides to exercise its op-

tion of acquiring this space it will cost approximately \$2,450.

Dr. Poindexter moved that the 1968-69 Budget proposed by the Budget Committee be approved. Seconded by Dr. Johnson. Motion carried. A copy is attached to these minutes.

Dental Care Programs Committee: Mr. Cunningham reported that in accordance with Executive Committee's action on January 6, 1968 efforts had been made to expand the dental care program for welfare recipients to include all procedures listed on the State Agencies Dental Fee Schedule adopted October 1, 1967. On April 26, 1968 the Board of

Telfare approved the full program but on May 24, 1968 the Advisory

Nidget Commission disapproved the proposal.

On July 10, 1968 Dr. Walter H. Finch, Jr., chairman, Sub-committee State Agencies, the president, and the executive secretary met with e Board of Welfare to re-consider the matter. The Board advised the Budget Commission might possibly approve expanding the dental re program for welfare recipients to include diagnostic services (excot diagnostic models), periodontal services, and prosthetic services, inciding full and partial dentures. The program would then include all

s-vices listed on the State Agencies Dental Fee Schedule except diagristic models, endodontics, gold crowns, and preventive services.

Subsequently, the Board recommended to the Budget Commission that care for welfare recipients be expanded with these limitations an estimated cost of \$1.5 million annually based on 40 per cent participation. The Board advised the Commission that funds were available for this program and no new money would have to be appropriated. ale for this program and no new money would have to be appropriated.
The Commission subsequently approved the recommendation of the bard and the additional services will be made available to welfare bard and the Additional services will be made available to welfare the Commission stipureplication of the dental care program be limited to money payment rebients only. This will eliminate the medically indigent from the pro-

The report was received for information with the comment that the logram would not provide adequate comprehensive dental care for wel-

fre recipients.

Insurance Committee: In a report submitted to the Executive Comthe titee, Dr. J. S. D. Nelson, chairman, Insurance Committee stated that:

(1) The group major medical insurance program underwritten by the Insurance Company of North America will be terminated October 1, 1968, the anniversary date of the policy because of excessive loss to over the past several years. The Committee is endeavoring to prode coverage to replace this program by the terminal date.

(2) Effective with the next anniversary date in December, 1968, the toup disability insurance plan underwritten by Commercial Insurance by Dompany of Newark, N. J., and administered by J. L. Crumpton of Irham will become guaranteed renewable to age 70. Also, premiums

Ill be reduced for members under age 50.

(3) Promotional literature on the Group office overhead insurance Jan underwritten by Mutual of Omaha is expected to be mailed to the

iembership about the middle of August.

(4) A proposal for a group \$1 million umbrella policy to provide sualty coverage over and above that of regular policies will be studied It the Insurance Committee.

Relief Committee: Mr. Cunningham reported that the recipient of a lief grant in the Fourth District had died and currently no dentist in e State was receiving aid from the Relief Fund. He stated that the nancial circumstances of the widow would be investigated to determine she were in need of financial assistance from the Relief Fund.

He reported also that an investigation was underway in the Second strict to determine if a member was in need of and eligible for a

lief grant.

Reports on Conferences: Dr. Joseph M. Johnson presented a report on e 19th State Secretaries Management Conference June 3-5 at ADA adquarters in Chicago. Dr. Johnson and the executive secretary reprented the Society at the Conference.

In his report, Dr. Johnson recommended that in the future considera-

on be given to:
(1) The immediate past president serving as president of the District fficers Coference.

(2) Holding District meetings more than once annually.

(3) Changing the terms of office of District officers and committees to

correspond more directly to that of State officers and committees t

provide more continuity and better communication.

(4) Holding a meeting annually or semi-annually of executive officer of neighboring states to discuss mutual problems, the host state bein rotated each year.

(5) Providing funds for entertaining officials of other constituent so

cieties at the State Secretaries Management Conference.

(6) Making refreshments available at meetings held at the Central Of fice.

Atwater moved that the report be received for information

Dr. Atwater moved that the report be received to information.

Seconded by Dr. Poindexter. Motion carried.

Dr. James M. Zealy, chairman, Hospital Dental Service Committed submitted a report on his attendance at the Workshop of Hospital Dental Service, June 21-22 at ADA headquarters in Chicago as a representative of the Society. He said the Workshop considered methods for improving the process for evaluating dental departments in hospitals desired. proving the process for evaluating dental departments in hospitals desir ing accreditation by the ADA. The report was received for information it was noted that there had been widespread misinterpretation of

statement issued by the Joint Commission on Accreditation of Hospital concerning the privileges of dentists in hospitals and that subsequently the Commission had confirmed that the statement applied only to the

State of Washington and did not represent any change in policy.

It was suggested that the correct interpretation of the statement ble included in the Newsletter.

WATS Line: The executive secretary reported on the cost of Wide Area Telephone Service in the Central Office as requested by the Ex

ecutive Committee May 8, 1968.

He stated that the charge for a full-time WATS line is \$500 monthly The charge for measured service up to 15 hours is \$250 monthly and \$15 per hour for overtime. These charges are for outgoing or incoming service.

He noted that the average monthly cost of long distance service fo the past year was \$35 and that this indicated that the installation of WATS line was not feasible at this time.

The report was received for information.

Communications: A letter from Dr. Paul P. Hedrick of Lenoir offering to relinquish to the president of the Society the right to use specially lettered auto license plates was received for information. The offer is to be declined with thanks.

Travel Proposal: Dr. Osborne moved that the offer of American In ternational Travel Service to provide a vacation travel package spon sored by the Society be declined. Seconded by Dr. Atwater. Motion carried.

Authorization for Travel for Executive Secretary: Dr. Kirkland moved that travel expense be authorized for the executive secretary to attend the ADA meeting October 28-31 in Miami Beach. Seconded by Dr. Poin dexter. Motion carried.

President's Comments: President Osborne announced that the N. C Dental Assistants Association was in the process of organizing distric components and that initial meetings of these districts would be held this

He noted that the proposed ADA dues increase had precipitated considerable discussion across the State and that he was considering including comment on the proposal in his remarks to the District Societies. He indicated that he was not in favor of a dues increase. The Committee the indicated him to inform the Districts of his position on the matter. encouraged him to inform the Districts of his position on the matter

Executive Secretary's Comments: The executive secretary reported that in recent weeks the historical marker on Capitol Square in Raleigl ommemorating the founding of the North Carolina Dental Society had een removed, and that he had written the Department of Archives and listory for an explanation. He said that the Department was unable to xplain why the marker had disappeared and subsequently had ordered

replacement.

He reported that the Council on Scientific Session of the ADA had een very cooperative for the past several years in accepting table clinics ecommended by the Clinic Committee after the deadline date, but that eginning in 1969 it would not be possible to accept any clinics after the announced deadline for the program. Since the annual session was lways held after the deadline, he stated that it would be necessary to hange the procedure for selection of clinics for presentation at the ADA neeting. He suggested that table clinics might be selected at the Discient meetings.

Table Clinics: Dr. Atwater moved that the Clinic Committee implement a procedure for selecting table clinics at District meetings for resentation at the ADA meeting. Seconded by Dr. Kirkland. Motion arried.

Next meeting: Dr. Osborne moved that if necessary the Executive Comittee meet in Raleigh October 13, 1968 during the Fourth District leeting. Seconded by Dr. Poindexter. Motion carried.

Adjournment: The meeting adjourned at 6:45 p.m. on motion by Dr. twater, seconded by Dr. Osborne.

Following the meeting members of the Executive Committee were the

uests of President and Mrs. Osborne at a social hour and dinner.

C. W. Poindexter, D.D.S. Acting Secretary-Treasurer



Table Clinic at the 113th Annual Session

BUDGET 1968-69 Adopted August 3, 1968

ESTIMATED INCOME	C
State Dues Annual Session JOURNAL Expense Reimbursements Savings Account Interest & Dividends Insurance Dividend Matured Bonds Sales—Formularies & Histories	11,310.00 \$ 5,300.00 \$ 350.00 \$ 1,600.00 \$ 1
Total Estimated Income	\$61,344.00 D
BUDGETED EXPENSE	Re Alsh
Administrative Expense	(lent
Salaries & payroll taxes. \$27,271.00 Office Rent 4,463.00 Office supplies 900.00 Office machine maintenance. 350.00 Telephone 1,000.00 Postage 800.00 Travel 1,500.00 Insurance 235.00 Property tax 125.00 News clipping service 185.00 Miscellaneous 50.00	A deel foo never minute for the first that the first food for the first food food food food food food food foo
	\$36,879.00
Annual Session	9,000.00
Publications) Dr Rudi
Journal \$ 7,400.00 Newsletter 425.00	7,825.00 sur
Committees & Conferences	pirogi He
Children's Dental Health\$ 100.00 Dental Health	adio de I de C Dr
TV Other Committees	(nd.) Arogr
District Officers Conf	4,700.00 arlie
Contributions	l'oul.
Memberships	1111
Audit	3000
Legal Counsel	-1100
Miscellaneous	Att.
Contingent Fund	\$60.149.00
	φου,ο 12.00 μ

WINSTON-SALEM, NORTH CAROLINA August 25, 1968

Call to Order: The Executive Committee convened Sunday, August 25, 168, in Conference Room A of Forsyth Memorial Hospital, Winstonalem. Dr. James H. Lee, chairman, called the meeting to order at 35 p.m.

Roll Call: Committee members present: Drs. James H. Lee, Colin P. sborne, Jr. C. W. Poindexter, Lackey B. Peeler, and C. Z. Candler. Insurance Committee members present: Drs. J. S. D. Nelson, chairman; illiam A. Mynatt, and Thomas L. Blair. Staff members present: Andrew M. Cunningham, executive secretary. Others present: Dr. Riley E. Spoon, Jr.

Recognition of New Member: Dr. Lee recognized Dr. C. Z. Candler of sheville, recently appointed to the Executive Committee by the presint. Dr. Lee welcomed him as a new member.

Approval of Minutes: On motion by Dr. Poindexter, seconded by Dr. eeler, the minutes of August 3, 1968 were approved, with the stipula-on that the report on the 19th State Secretaries Management Con-rence presented by Dr. Joseph M. Johnson be made a part of these inutes.

Report of Insurance Committee: A report from the Insurance Comittee was submitted by Dr. J. S. D. Nelson, chairman, recommending at the Executive Committee approve a group hospitalization, surgery, id medical insurance program with extended benefits underwritten by orth Carolina Blue Cross and Blue Shield, Inc., and that it be offered Society members. This contract will replace the group major medical ogram underwritten by Insurance Company of North America, which ill be terminated at the next anniversary date.

Dr. Nelson explained that the Insurance Committee had carefully udied two proposals of major medical insurance and had determined at neither would offer satisfactory coverage to the members currently sured by INA. He pointed out that because of a high loss ratio ex-rience, the insurance industry was reluctant to offer major medical ograms on a group basis.

He stated that the proposal by Blue Cross and Blue Shield was a combition of first-dollar coverage and major medical, and in the opinion of e Insurance Committee, offered the best coverage for the members in ou of the INA program.

Dr. Osborne moved that the proposal by North Carolina Blue Cross ad Blue Shield, Inc., for a group hospitalization, surgery, and medical ogram with extended benefits, as recommended by the Insurance ommittee, be approved and be offered to Society members at the rliest possible date. Seconded by Dr. Candler. Motion carried.

Dr. Nelson said that North Carolina Blue Cross and Blue Shield, Inc. ould extend every effort to make the program effective by October 15,

black the every effort to make the program effective by October 15, 168 to protect members currently enrolled in the INA program from the interpretation of the Insurance of the

Comprehensive Health Planning: Dr. Osborne read a letter from the ffice of Comprehensive Health Planning requesting that the manuscript information compiled to date by the State Planning Committee for entistry on the current status of dental health care in North Carolina made available to this agency for research purposes.

Dr. Johnson moved that the request be granted. Seconded by Dr. Os-

brne. Motion carried.

It was stipulated that in transmitting the requested information the Of-

fice of Comprehensive Health Planning be reminded that to date the research efforts by the State Planning Committee for Dentistry had beer accomplished without financial support, and requesting a grant to support future research by the Committee.

Regional Medical Program: Dr. Osborne explained that the presiden of the Society now represented the Society on the Board of Directors of the Regional Medical Program. He recommended that in order to provide more continuity, a representative of the Society other than the president be appointed to serve for a term of 3 years.

Dr. Poindexter moved that in the future a representative of the Society be appointed by the president to serve for a 3 year term on the Board o. Directors of the Regional Medical Program. Seconded by Dr. Peeler

Motion carried.

Conference on Mental Retardation: Dr. Osborne reported that he and Dr. C. B. Ledbetter attended a conference on mental retardation is Chapel Hill, August 24, 1968, sponsored by the Council on Retardation Dr. Ledbetter is serving as liaison to the Council from the Society He said that the Council is planning to implement a program to train dentists on the proper care of mentally retarded patients, and urged that the Society give full support to the program.

Fluoridation: Dr. Osborne reported on the activities of the Citizens, Committee on Fluoridation in support of communal fluoridation, including contemplated legislation to be proposed to the 1969 General Assembly. Dr. Poindexter noted that the 1966 House of Delegates had adopted a resolution on the matter and suggested that a position paper on communal fluoridation be developed by the Society in support of the direction.

It was suggested that Dr. David H. Freshwater and Dr. Julian R. Rogers members of the Citizens Committee on Fluoridation be invited to meet with the Executive Committee and report on plans for state-wide com-

munal fluoridation.

Dental Laboratory Relations: Dr. C. Z. Candler, chairman, Dental Laboratory Relations Committee, reported that although the Committee still maintained good rapport with the North Carolina Dental Laboratory. Association, it was apparent that the Association would probably seek legislation for registration or licensure of dental laboratories, at the part of the second seco

Dr. Candler was requested to submit a full report on the matter at the R

next meeting of the Executive Committee.

Prefiling of Fees: The executive secretary reported that to date 303 dentists had replied to the request of the Dental Service Corporation Committee for information on their usual, customary, and reasonable fees. Of the 303 dentists replying, 273 had submitted prefiling fees schedules, and 232 had submitted letters of intent to participate in the proposed dental service corporation.

N. C. Association of Professions: The executive secretary reported that the N. C. Association of Professions had requested member organizations to appoint consultants to the Association's Board of Directors. He said that the Association had suggested that five consultants from the Society be appointed, one from each District. The consultants will meet regularly with the Association's Board of Directors and provide each of the member organizations with increased exposure to the programs and plans of the Association.

It was agreed that the dentist members of the Association's Board of Trectors be requested to submit names of dentists to be appointed as consultants.

Thanks: Dr. Lee expressed thanks to Dr. Thomas L. Blair for securing the excellent facilities of Forsyth Memorial Hospital for the meeting.

Adjournment: The meeting adjourned at 2:50 p.m. on motion by Dr. (borne, seconded by Dr. Poindexter.

Joseph M. Johnson, D.D.S. Secretary-Treasurer

RALEIGH, NORTH CAROLINA

December 6, 1968

Call to Order: The Executive Committee convened Friday, December (1968, at Velvet Cloak Inn, Raleigh. Dr. James H. Lee, chairman, called the meeting to order at 8:45 p.m. Dr. Colin P. Osborne, Jr. led in prayer.

Roll Call: Committee members present were: Drs. James H. Lee, olin P. Osborne, Jr., C. W. Poindexter, Frank G. Atwater, Joseph M. hnson, George F. Kirkland, Jr., C. Z. Candler, Lackey B. Peeler. Staff member present was: Andrew M. Cunningham, Executive Secre-

Others present were: Dr. W. L. Hand, Jr., chairman, Dental Practice of Committee; Dr. J. S. D. Nelson, chairman, Insurance Committee; Dr. L. Lindahl, chairman, Dental Service Corporation Committee; S. Franklin E. Martin, chairman, T. S. Fleming, and William G. are, Jr., Blue Shield Committee.

Approval of Minutes: The minutes of August 25, 1968 were approved motion by Dr. Poindexter, seconded by Dr. Atwater.

Report of Secretary-Treasurer: On motion by Dr. Kirkland, seconded Dr. Peeler, the report of the Secretary-Treasurer, dated November 1, 1968, was received for information.

President's Out-of-Pocket Expense: On motion by Dr. Kirkland, secnded by Dr. Peeler, the Secretary-Treasurer was authorized to pay 500 to the President for out-of-pocket expense, according to Article XII, ection 2 of the *Bylaws*.

Waiver of Dues: On motion by Dr. Osborne, seconded by Dr. Candler, les for the following members were waived because of total disability, accordance with Article VI, Section 10 of the *Bylaws*: Dr. H. M. May, sheville, First District; Dr. Everette R. Teague, Reidsville, Third Distict; Dr. Karl F. Ehrlich, Fayetteville, Fourth District.

Retired Membership: On motion by Dr. Kirkland, seconded by Dr. eeler, Dr. John T. Bell, Durham (Third District) was classified as a etired Member, in accordance with Article III, Section 5 of the Contitution.

Honorary Membership: On motion by Dr. Osborne, seconded by Dr. ohnson, Dr. Ralph W. Phillips, Indianapolis, Indiana, was nominated for onorary membership.

On motion by Dr. Osborne, seconded by Dr. Kirkland, Dr. Harry M. Ienda, Wichita, Kansas, President-Elect, American Dental Association, vas nominated for honorary membership.

The nominations will be transmitted to the House of Delegates for pproval.

Dues Policy: Mr. Cunningham noted that the *Constitution and Bylaws* id not clearly provide for assessment of dues in some cases. On moion by Dr. Poindexter, seconded by Dr. Johnson, a statement on Dues olicy was adopted. A copy is attached to these minutes.

It was noted that Chapter I, Section 50 G of the Bylaws of the Ameri can Dental Association provides that active members elected to active membership for the first time, and who are elected after July 1, shal pay one-half of the current year's dues.

Dr. Johnson moved that the Constitution and Bylaws Committee by requested to prepare and submit to the House of Delegates an amendment to the Constitution and Bylaws which would provide that active members who are elected to active membership for the first time, and who are elected after July 1, shall pay one-half of the current year dues. Seconded by Dr. Poindexter, Motion carried.

Central Office Services: Mr. Cunningham advised that the cost of ad dressing and duplicating services customarily performed for Distric Societies and other organizations by the Central Office for the past severa years had increased. He stated that it was the policy of the Central Office to offer these services on a cost basis. He presented a revised schedule of charges for these services which reflected the current actual cost to the Central Office.

On motion by Dr. Johnson, seconded by Dr. Osborne, the schedule of charges for special services by the Central Office presented by the Executive Secretary was approved with the stipulation that it apply to services performed for the District Societies and the Auxiliary, and that all other organizations would be charged an additional 20 per cent.

Blue Shield Committee: Dr. Franklin E. Martin, chairman, Blue Shield Committee, reported that North Carolina Blue Cross and Blue Shield. Inc., would market a comprehensive dental coverage policy after January 1, 1969. He stated that the policy had been developed with the advice and counsel of the Blue Shield Committee.

He submitted copies of the following documents: (1) the proposed dental benefits certificate; (2) a Statement of Understanding delineating the functions, authority, and responsibilities of the Blue Shield Committee in the implementation of dental coverage by the Corporation; and (3) the claim form to be used by the Corporation.

In its written report, the Blue Shield Committee recommended that the Executive Committee approve the three documents. However, Dr.

the Executive Committee approve the three documents. However, Dr. Martin stated that the Committee had reconsidered its previous action and was withdrawing its resolution approving the Statement of Under-

standing.

Dr. Roy L. Lindahl, chairman, Dental Service Corporation Committee, pointed out that there was an inevitable conflict developing between the Dental Service Corporation and the Blue Shield plan. He emphasized that while active liaison must be maintained with N. C. Blue Cross and Blue Shield for the protection of the patient and the profession, the Society must be careful in the manner in which this liaison is established and maintained.

Dr. Lindahl noted that the dental benefit certificate proposed by Blue Shield provided that payment of claims would be made on the basis of usual, customary and reasonable fee with coinsurable and deductible amounts. He stressed that under the dental service corporation concept, dentists would be paid their usual, customary and reasonable fee, and no coinsurance or deductible factor would apply.

Commenting on the Statement of Understanding, Dr. Lindahl said that this document was contradictory to the purpose and function of a review committee as defined by the ADA Council on Dental Care Programs in that it:

Establishes a dangerous precedent by creating an advisory or review committee for a single insurance carrier.

(2) Provides information to a single carrier.

(3) Implies that the advisory committee will have the power to determine usual, customary and reasonable fees which is not the prerogative of a review committee.

(4) Provides that the advisory committee will be responsible for

uality control which is not within the purview of a review committee, ut is the responsibility of a grievance committee operating indepen-

ently.

Dr. Lindahl also stated that the claim form submitted by the Blues pes not correspond to that which has been approved by the ADA Council n Dental Care Programs, and which has been adopted by companies riting 90 per cent of health insurance in the United States.

In addition, he suggested that it would be wise for the Blues to conder the use of the uniform coding system now being developed.

In summary, Dr. Lindahl stated that before the Society committed itself the mechanisms proposed by the Blues, legal counsel should be con-

Dr. Poindexter moved that the report of the Blue Shield Committee e referred back to the Committee for further study by the Committee nd review by legal counsel. Seconded by Dr. Atwater. Motion carried.

Dental Service Corporation: Dr. Roy L. Lindahl, chairman, Dental ervice Corporation Committee, reported that over 400 members had coperated in pre-filing their usual, customary and reasonable fees. This iformation, he said, has been forwarded to a professional actuarial onsultant for determining premium rates for contracts to be offered y the Dental Service Corporation. The next step will be to prepare nd submit sample contracts to the Insurance Commission for approval. Dr. Lindahl estimated that the Committee should be ready for a hearing with the Insurance Commission should be ready for a hearing vith the Insurance Commission about the middle of February.

Dental Practice Act: Dr. W. L. Hand, Jr., Chairman, Dental Practice ct Committee reported that:

(1) All sub-committee reports have been transmitted to the Board of

Dental Examiners for consideration and implementation.

(2) The Board has advised that by December 10, it will submit a draft f amendments to the Dental Practice Act which clarify the definition of entistry, strengthen the provisions for properly enforcing and admin-stering the law, and eliminates portions of the law which the Board's ttorney considers unconstitutional. The Board is of the opinion that hese amendments must be presented to the 1969 General Assembly.

(3) As soon as the amendments recommended by the Board are reeived, they will be submitted to the Society's legal counsel for review

nd recommendations.

(4) There is a possibility that a special session of the House of Deleates may have to be called to consider the amendments recommended by the Board and properly instruct the Legislative Committee on legisation to be introduced in the 1969 General Assembly.

(5) The Executive Committee should define the future financial oblications of the Society in respect to the study of the Dental Practice and particularly in respect to reimbursement of the Board's attorney

or his service.

(6) The Board and the Committee are not in agreement on the matter f serial listing of duties of auxiliary personnel in rules and regula-ions. Since 1960 the ADA has advocated the elimination of serial listing of duties of auxiliary personnel from dental practice acts.

The Committee agrees with the ADA. However, the Board's attorney nsists that omission of serial listing in the regulation of the practice of lentistry is indefensible and illegal. To date the matter has not been

esolved.

(7) The Board and the Committee are not in agreement on the numper of dental hygienists a dentist may employ. The current law provides hat a dentist may employ only one hygienist. The Board is not in favor of any change in this provision. The Committee holds that the law hould be appeared of the committee holds. hould be amended to permit a dentist to employ two hygienists.

Dr. Poindexter moved that amendments in the dental law prepared by he Board of Dental Examiners be transmitted to the Society's legal counsel for review and recommendations. Seconded by Dr. Osborne. Motion

carried.

Dr. Kirkland moved that if necessary to resolve the question of seria listing of the duties of auxiliary personnel, the Executive Committed request the Board to hold a hearing on the matter and that Mr. Harvey Sarner, legal counsel for the ADA, be invited to support the position of the ADA on the matter. Seconded by Dr. Johnson. Motion carried.

The Executive Secretary was requested to contact Mr. Sarner and the ADA Council on Education and request full background information in

support of omission of serial listing of the duties of auxiliary personne

from dental laws and rules and regulations.

Insurance Committee: Dr. J. S. D. Nelson, Chairman, Insurance Com mittee, outlined the provisions of a contract offered by North Carolina Blue Cross and Blue Shield, Inc., for underwriting a group hospital medical, and surgical plan with extended benefits for the membership and Dr. Nelson also explained the optional retention benefits offered by

Blue Cross and Blue Shield in connection with the implementation of the group health insurance program. He said that when the account balance is in excess of a two months reserve of fees, Blue Cross and Blue Shield would agree that the balance in the account can then be:

(1) Paid to subscribers participating in the group by a recess in fees

or a cash refund.

(2) Paid to the Society in cash.

(3) Left in reserve against future claims.

Dr. Nelson reported that the Insurance Committee had examined and I studied the Blue Cross and Blue Shield contract carefully and recom-st mended that the contract be approved and that an appropriate official

of the Society be authorized to sign it.

Dr. Nelson also reported that the Insurance Committee had consulted in with Mr. Harvey Sarner, secretary, ADA Council on Insurance on the matter of optional retention benefits. Mr. Sarner had advised that he considered two months reserve of fees reasonable and recommended that excess funds be paid to subscribers by a recess in fees. Dr. Nelson stated that the Insurance Committee concurred with Mr. Sarner, and recommended that the Executive Committee approve this method of distributing excess funds.

On motion by Dr. Johnson, seconded by Dr. Atwater, the following reso-

lution was adopted:

Resolved, that the Executive Committee approve the contract offered by North Carolina Blue Cross and Blue Shield, Inc., for a group hospital medical, surgical program with extended benefits for members of the North Carolina Dental Society, and be it further

Resolved, that the President of the Society be authorized to sign the's

contract in behalf of the Society.

On motion by Dr. Poindexter, seconded by Dr. Osborne, the following resolution was adopted:

Resolved, that funds in excess of a two months reserve of fees accumulated in the group hospital, medical, surgical program, underwritten by the North Carolina Blue Cross and Blue Shield, Inc., be paid to

subscribers participating in the group by a recess in fees.

Dr. Nelson reported that the Insurance Committee was concerned over developments in the group Overhead Expense Protection Plan under-written by Mutual of Omaha. He noted that at the end of October, after 2 months of solicitation, there were less than 100 policies in force. In the opinion of the Insurance Committee, this indicated that Mutual of Omaha was not conducting an effective marketing program and that unless the Company increased its efforts, the minimum requirement of 526 policies would not be achieved by March 1, the end of the initial enrollment period.

Dr. Nelson also reported that members had complained that Mutual of

(naha would not insure them without restrictive riders for physical imrirments during the open enrollment period. He said that this was confiry to the Insurance Committee's interpretation of the terms of the riginal proposal offered by the Company. Further, the Committee felt tat selective underwriting may seriously hamper the enrollment in this rogram.

Dr. Nelson introduced Mr. Paul B. Walsh of Atlanta, Eastern Sales lanager for Mutual of Omaha. Mr. Walsh pointed out two factors which counted for the slow start on enrollment. First, the Company was un-ele to prepare descriptive literature until September 1. Second, solicition ran concurrently with efforts to enroll members in the new Blue-coss-Blue Shield Health Insurance Plan .

According to Mr. Walsh, the Company interpreted the "open enroll-ent" period specified in its original proposal to mean that if 526 policies ere issued within an initial 6 months period, then all applicants would accepted without medical underwriting. However, he noted that members with a serious physical impairment (i.e. cardio-vascular history or cabetes) or with more than one physical impairment which could interre with the performance of occupation, would still be subject to medial underwriting or a reduction in benefits, or both. This, he maintained, as in accordance with sound underwriting for this type of program. Mr. Walsh admitted that at first glance it appeared that underwriting strictions in some cases may have been too severe. He said that he lid requested the Company's Underwriting Department to review all ses where coverage had been limited or reduced.

Further, he promised to submit to the Insurance Committee in writing, statement in detail of the terms of the open enrollment period re-

rred to in the original proposal.

The Executive Committee instructed the Insurance Committee to connue negotiations with Mutual of Omaha for more liberal terms in the ppe that a change may not be necessary, but at the same time to look other companies for more liberal terms.

Department of Community Colleges: Dr. Osborne advised that the dvisory Committee on the Education of Dental Auxiliary Personnel had quested the Society endorse and support the appropriation request of e Department of Community Colleges to the 1969 General Assembly. e observed that part of these funds would be needed to improve and cpand current programs of dental auxiliary education.

Dr. Atwater moved that the Legislative Committee be directed to apport the appropriation request of the Department of Community Colges to the 1969 General Assembly. Seconded by Dr. Peeler. Motion

irried.

Adjournment: On motion by Dr. Candler, seconded by Dr. Poindexter, te meeting was adjourned at 1:30 a.m.

Joseph M. Johnson, D.D.S. Secretary-Treasurer

DUES POLICY

Background Statement: New members are elected to membership anually at the District Meetings in the Fall. This is the only opportunity or an applicant to become a member, and if he is joining the Society for ne first time problems of dues assessment and eligibility for participa-

on in group insurance programs arise.

It is the current policy to exempt new members from dues for the emainder of the current year and bill them for dues for the ensuing

alendar year.
The ADA Bylaws and the NCDS Bylaws provide that student memers when elected to active membership are exempt from dues for the emainder of the current year.

The NCDS Bylaws provide that upon election to membership, a mem-

ber "shall at that time and annually thereafter" pay dues, (Article IV Section 1)

Thus, the recent graduate is not seriously affected, except that h may experience a delay of from 1 to 3 months before he become

eligible for participation in group insurance programs.

Members transferring from one District to another, or from anothe Constituent of the ADA to the NCDS are covered, since they alread hold ADA cards. However, to exempt transfers from other Constituent from dues for the remainder of the current year is a liberal interpreta tion of the *Bylaws*, to say the least.

However, members elected to active membership for the first time ar adversely affected. So are members returning from graduate school o active duty in the military, unless they were student members whill they were in graduate school or were members of the ADA while in th

military.

The policy has been to exempt those in the above categories for the remainder of the calendar year. This means that they do not, in fact become members of the ADA until they pay dues for the ensuin year and may experience a delay of 2 or more months before the are eligible for ADA membership privileges, including attendance a ADA meetings, subscription to the Journal, and participation in group insurance programs.

New members in these categories have been given the opportunity of voluntarily paying dues for the remainder of the current year. This i

also a liberal interpretation of the Bylaws.

The ADA Bylaws provide that members joining the ADA for the firs time after July 1 shall pay one-half of the current year's dues, but the NCDS Bylaws make no such provision. Therefore, payment of full District and State dues is required.

The Bylaws specifically provide that members who have been dropped from the roll for non-payment of dues, shall upon re-instatement, pay current year's dues plus penalties assessed. If a member is re-instate, under these conditions, he is required to pay full dues (District, State and ADA) for the year in which he is re-instated, plus penalties.

In the future, consideration should be given to amending the Bylaw in the transfer of the procedure for excepting dues in clarified. In the mounting

so that the procedure for assessing dues is clarified. In the meanting there is no alternative but to establish policy for the proper administration of the dues structure. It is recommended that the attached state

ment on Dues Policy be approved.

STATEMENT ON DUES POLICY

- 1. Student Members: Student members of the American Dental As sociation shall be exempt from dues for the remainder of the calendar year. (NCDS Bylaws, Article VI. Section 2) (ADA Bylaws, Chapter I Section G)
- 2. Transfers: Members who transfer their membership from another district or another constituent who have paid their dues for the curren year, shall be exempt from dues for the remainder of the calendar year
- 3. Re-instated Members: Members who have been dropped from the rolfor non-payment of dues and who are being re-instated shall pay their dues for the remainder of the current year, plus district and state penalties. (Bylaws, Article VI. Section 6.)
- 4. Other New Members: Members elected to membership for the firs' time shall be exempt from dues for the remainder of the current year. However, they may voluntarily pay dues for the remainder of the current year which will include full district and state dues and one-half American Dental Association dues. (ADA Bylaws, Chapter I. Section 50G)

JOINT SESSION WITH ANNUAL SESSION COMMITTEE RALEIGH, NORTH CAROLINA

December 7, 1968

Call to Order: The Executive and Annual Session Committees con-ened in joint session at Velvet Cloak Inn, Raleigh, Saturday, December , 1968. President Colin P. Osborne, Jr., called the meeting to order at :45 a.m. Dr. C. Z. Candler opened the meeting with prayer.

Roll Call: Committee members present were: Drs. James H. Lee, Jolin P. Osborne, Jr., C. W. Poindexter, Frank G. Atwater, Joseph M. ohnson, George F. Kirkland, Jr., C. Z. Candler, Lackey B. Peeler.

Members of the Annual Session Committee present were: Harold E. laxwell, general chairman, and the chairmen of the following subommittees: L. M. Cherry, Arrangements; J. Harry Spillman, Program; P. Megginson, Jr., Publicity.

Staff members present: Andrew M. Cunningham, Executive Secretary;

Kathryn Montague, Central Office Secretary.

Remarks by President: Dr. Osborne thanked the members of the Anual Session Committee for their interest in planning the 1969 Annual ession and predicted that with their continued cooperation it would be n excellent and successful meeting.

Annual Session Reports: Dr. Harold E. Maxwell, General Chairman, annual Session Committee submitted reports from sub-committees inluding appropriation requests. He noted that askings totalled \$9,300.00, which was \$300.00 over the \$9,000.00 budgeted. However, he also noted hat revenue from sale of exhibit space would total \$11,680.00 which vas \$370.00 in excess of the \$11,310.00 originally anticipated.

Executive Session: Dr. Osborne expressed appreciation for the fine reorts submitted by the Annual Session Committee. The Executive Comnittee then went into executive session with Dr. James H. Lee, Chairnan, presiding.

Corporate Practice: Dr. Lee introduced Mr. Hugh Bowman, representng Financial Service Corporation of America. Mr. Bowman outlined the ax shelter advantages of a professional man incorporating his practice nd urged the Society to seek enabling legislation to permit professionals o incorporate. It was noted that the North Carolina Association of Proessions planned to introduce corporate practice legislation in the 1969 Feneral Assembly, and that the Society would support such legislation.

Approval of Annual Session Budget: The reports and budget requests f the Annual Session Committee were reviewed. On motion by Dr. Atvater, seconded by Dr. Johnson, the reports of the Annual Session committee were approved and a budget of \$9,300.00 was adopted. A opy is attached to these minutes.

It was noted that the \$9,300.00 allocated to the Annual Session Comnittee was \$300.00 more than the amount allocated in the original budget Idopted August 3, 1968. On motion by Dr. Poindexter, seconded by Dr. Dsborne the additional \$300.00 will be deducted from the Contingent Fund, leaving a balance in the Contingent Fund of \$895.00.

Laboratory Relations: Dr. C. Z. Candler, chairman, Dental Laboratory Trade Relations Committee, reported that relations between the Society and the North Carolina Dental Laboratory Association continued to be narmonious, although the Association was still pressing for legal recognition through licensure or registration. He said that the Association was low working with a sub-committee of the Dental Practice Act Comnittee on the establishment of a commission to regulate laboratories and technicians under the Board of Dental Examiners.

President's Comments: President Osborne announced the appointment of Dr. Walter H. Finch, Jr., to the Board of Directors of the North Carolina Regional Medical Program for a three year term.

He read a letter from Dr. Bennie D. Barker, UNC School of Dentistry calling attention to North Carolina law which did not permit School Health Funds to be expended for preventive services and urging that this law be amended.

Dr. Osborne announced that a relief grant to Mrs. W. K. Lindsay of \$100.00 per month from the Society's Relief Fund had been approved

and that the ADA Relief Fund had approved a matching grant.

Dr. Osborne commented on the incorrect use by the profession of the term 'prescription' in connection with work performed by a dental laboratory for a dentist. He said that the terms "work order" or "work authorization" were proper and should be used to avoid legal complication. tions.

He urged that standing committees be advised that no funds should be expended without proper authorization and allocation in the budget

Committee Expenses: Dr. Poindexter moved that committees be informed that expenditure of funds in excess of the amount budgeted must have the approval of the Executive Committee, but that the Secretary-Treasurer be authorized to approve expenses up to \$100.00 in excess of the budgeted amount. Seconded by Dr. Peeler. Motion carried.

Dental Practice Act Committee: It was noted that the Dental Practice Act Committee in May 1967 estimated that \$1,500.00 would be needed to complete its study, but because of limited financial resources only \$500.00 was budgeted for this purpose in the budget for fiscal 1967-68. Subsequently, an additional \$500.00 was budgeted in fiscal 1968-69.

The Committee spent \$171.00 in fiscal 1967-68, and currently has an obligation of \$760.00 for fiscal 1968-69 and anticipates further ex-

penses.

Dr. Osborne moved that the House of Delegates be requested to appropriate sufficient funds from reserve to the Dental Practice Act Committee to enable the Committee to complete its study. Seconded by Dr. in Atwater, Motion carried.

Executive Secretary's Comments: Mr. Cunningham reported that the historical marker on Capitol Square in Raleigh commemorating the founding of the North Carolina Dental Society which had been removed for reasons the Department of Archives and History could not explain was not back in place. He said the Department had searched in vain for the missing marker which apparently had been removed when side-walks were undergoing repair and subsequently ordered that a new one be cast.

Mr. Cunningham stated that because ADA dues had been increased by the House of Delegates in Miami Beach in late October, membership cards were received about a month later than usual. He reported its procedure in processing dues to meet the situation and dues were being received at a normal rate.

Communication: Dr. Johnson read a letter from Miss Mira Riddle who! resigned from her position as Central Office Secretary October 31, thanking the officers and members for the many kindnesses extended to her during her 13 years of service to the Society and expressing her appreciation for the wrist watch presented to her by the Executive Committee on the occasion of her resignation.

Dr. Atwater moved that the Editor-publisher be requested to publish the letter from Mira Riddle in the January issue of The Journal.

Reimbursement of Delegates: Dr. Johnson pointed out that Article XII, Section 2 of the Bylaws provided that "The Executive Committee may reimburse delegates to the American Dental Association . . . first class, bund-trip air transportation, and up to \$25.00 per diem for each day

official participation as a delegate. . . .

He noted that not all the delegates to the ADA meeting in Miami abmitted vouchers for first-class round-trip air transportation. He said lat in his opinion delegates were entitled to reimbursement for travel

this basis regardless of how they traveled.

Dr. Peeler moved that in the future delegates be advised that they ould be paid first-class round-trip air transportation regardless of how

bey chose to travel, plus \$25.00 per diem for each day of official parcipation. Seconded by Dr. Kirkland. Motion carried.

Dr. Atwater moved that delegates to the ADA meeting in Miami be imbursed for transportation according to the vouchers submitted. Second

nded by Dr. Poindexter. Motion carried.

Dr. Atwater moved that the Executive Committee recommend to the ouse of Delegates that the Bylaws be amended to provide that delegates e paid one day's reimbursement when overnight stay is essential to rompt attendance at an opening meeting and one day's per diem be aid when such stay is essential because of late adjournment. Seconded y Dr. Poindexter. Motion carried.

Dr. Candler moved that the president be paid per diem for each day f official participation as a delegate in addition to the cost of one bedbom in the Headquarters suite at ADA meetings. Seconded by Dr. Kirk-

and. Motion carried.

Increase in Dues: Dr. Poindexter pointed out that because of limited nancial resources and rising costs a "hold the line budget" had been onsistently adopted. He emphasized that if new programs are to be deeloped an increase in dues must be considered. Dr. Poindexter moved nat the Chairman of the Executive Committee appoint a committee to tudy the need for a dues increase and report to the Executive Com-nittee. Seconded by Dr. Kirkland. Motion carried.

Dr. Lee appointed the following to the committee: Dr. Poindexter,

hairman, Dr. Atwater, and Dr. Johnson.

Corporate Practice: Dr. Osborne reported that the N. C. Association of rofessions was considering the introduction of legislation in the 1969 eneral Assembly to permit professional people to incorporate their ractices. Dr. Osborne moved that the Legislative Committee be inructed to support this legislation. Seconded by Dr. Candler. Motion arried.

Accommodations at Pinehurst: Dr. Candler moved that in the letter thich will accompany hotel application forms members be urged to stay t The Carolina. Seconded by Dr. Atwater. Motion carried.

Table Clinics: Dr Peeler moved that certificates of appreciation be warded to all dentists who presented table clinics at the Annual Sesion. Seconded by Dr. Johnson. Motion carried.

Services of Board Attorney: It was noted that a statement for services endered by the Board of Dental Examiners attorney in connection with he revision of the dental laws had been received. The Secretary-Treasrer was directed to confer with the Board on the matter and report on he matter at the next meeting.

Adjournment. The meeting was adjourned at approximately 4:00 p.m.

Joseph M. Johnson D.D.S. Secretary-Treasurer

ANNUAL SESSION BUDGET 1969

Adopted December 7, 1968

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Arrangements	\$2.760.00
Clinic	
Entertainment	
Exhibit, Commercial	,
Exhibit, Scientific	•
Hospitality	
Monitor	
Necrology	
Program	
Publicity	*
Sports	
House of Delegates	
TOTAL	\$9,300.00

NOTES

- 1. The Arrangements Committee will consider the request from the North Carolina Dental Hygienists Association for a meeting room with a capacity of 150 in the headquarters hotel for all day Monday, May 12 and will grant the request if space is available.
- 2. The following clinicians have accepted invitations to appear on the 1969 program: Dr. Ralph W. Phillips, Indianapolis, Indiana; Dr. W. W. Dolan, Coral Gables, Florida; Dr. Galen W. Quinn, Duke Medical Center
- 3. The Program Committee will make an announcement at the close of every scientific session urging members to visit the commercial exhibits and to place orders with them if possible.
- 4. The Exhibit Committee is to consider distributing questionnaires to the commercial exhibitors asking for their comments and suggestions on the conduct of the commercial exhibit area.
- 5. The Exhibit Committee is to consider locating a receptacle in the commercial exhibit area for door prize stubs to encourage traffic in that area.
- 6. The Arrangements Committee will schedule coffee breaks during each scientific session and provide coffee in the House of Delegates at appropriate times.
- 7. The Necrology Service will be scheduled at the close of the first General Session.
- 8. The Entertainment Committee is to consider scheduling all entertainment in the Cardinal Ballroom.
- 9. The Program Committee will schedule one-half hour of scientific films of their selection preceding each scientific session.
- 10. The Sports Committee is requested to make the Golf Tournament as self-sustaining as possible.

RALEIGH, NORTH CAROLINA

February 7, 1969

Call to Order: The Executive Committee convened Friday, February 7, 369, at the Central Office, Raleigh. Dr. James H. Lee, Chairman, called ie meeting to order at 9:25 p.m. Dr. Osborne led in prayer.

Roll Call: Committee members present were: Drs. James H. Lee, Con P. Osborne, Jr., C. W. Poindexter, Frank G. Atwater, Joseph M. ohnson, George F. Kirkland, Jr., C. Z. Candler, Lackey B. Peeler. Staff member present was: Andrew M. Cunningham, executive secreiry.

Others present: Dr. A. Breece Breland, editor-publisher; Dr. E. U. Ausn, chairman, Dental Care Program Committee; Dr. F. E. Martin, chairan, Blue Shield Committee.

Approval of Minutes: The minutes of December 6, 1968 and Decemer 7, 1968 were approved on motion by Dr. Osborne, seconded by r. Johnson.

Report of Secretary-Treasurer: On motion by Dr. Candler, seconded y Dr. Atwater, the report of the secretary-treasurer, dated January 31, 969, was received for information.

Executive Secretary's Expenses: On motion by Dr. Osborne, seconded y Dr. Atwater, the secretary-treasurer was authorized to reimburse the xecutive secretary for expenses incurred in attending the conference on ental Education and Licensure in Chicago, January 31-February 1, 1969.

Dental Practice Act: Dr. Lee reported that he had received the followng proposals from the North Carolina State Board of Dental Examiners or the consideration of the Executive Committee:

(1) Proposed changes in the Dental Practice Act.

(2) Proposed rules and regulations pertaining to the functions which

hay be delegated to a dental assistant by a dentist.

It was noted that both proposals had been submitted directly to the executive Committee and had not been reviewed by the Dental Practice act Committee or legal counsel.

On motion by Dr. Poindexter, seconded by Dr. Osborne, the following

tatement was approved:

The Executive Committee approves the amendments to the Dental Practice Act proposed by the North Carolina State Board of Dental Examiners, subject to approval by the Society's legal counsel and the Dental Practice Act Committee.

It was observed that the rules and regulations pertaining to dental ssistants approved by the 1968 House of Delegates and submitted to the 30ard of Dental Examiners for its consideration did not include a serial isting of duties which may be delegated by the dentist, but did include list of those functions considered inappropriate for delegation.

Furthermore, it was noted that the serial list of functions which could be delegated to a dental assistant was more restrictive than permitted

inder current rules and regulations.

It was suggested that the Board be requested to consider revising its proposed rules and regulations pertaining to functions which may be deleated to a dental assistant by a dentist as follows:

(1) Eliminate the preamble.

(2) Delegate to the Dental Assistant I the taking of X rays, the appliation of topical fluorides, and the application of topical anesthetics.

(3) Expand the functions of the Dental Assistant II to include: (a) hanging and removing periodontal packs and surgical dressings; (b) reparing and making diagnostic study models upon which no prosthetic appliance shall be constructed; and (c) placing temporary cement and

temporary fillings.

(4) Include a statement of interest by the Board that the duties of the Dental Assistant II will be expanded in the future as approved training programs are developed and established.

On motion by Dr. Johnson, seconded by Dr. Candler, the following

statement was approved:

The Executive Committee feels that the rules and regulations pertaining to the delegation of functions to the dental assistant by the dentist proposed by the North Carolina State Board of Dental Examiners are not essentially the same as those recommended by the 1968 House of Delegates of the North Carolina Dental Society. Therefore, we urge that they not be adopted by the Board. We believe that the proposed rules and regulations are more restrictive than the present rules and regulations.

Services by Board Attorney: Dr. Johnson presented a statement of legal fees totalling \$985.00 for services performed by the Board of Dental Examiners attorney for the Dental Practice Act Committee relative to amending the dental laws and recommended that it be paid.

Dr. Atwater moved that the Board Attorney be paid for services rendered to January 2, 1969, and that in the future, any request for services by the Board Attorney must have the approval of the secretary-treasurer of the North Carolina Dental Society. Dr. Poindexter seconded the motion and it was carried.

It was agreed that future relations between the Board and the Dental Practice Act Committee would be discussed with representatives of the Board at the meeting scheduled for tomorrow morning (February 8).

Blue Shield Committee: Dr. Franklin E. Martin, chairman, Blue Shield Committee, reported that the committee had met with representatives of North Carolina Blue Cross and Blue Shield, Inc., on January 5, 1969, and had reviewed: a dental benefits certificate; a statement of understanding; and a claims form.

As a result of that meeting, revisions in the above documents were agreed upon and Dr. Martin submitted the revised documents approved by the Blue Shield Committee for consideration and approval by the Ex-

ecutive Committee.

Dr. Kirkland moved that the revised dental benefits certificate be approved subject to review by legal counsel with the recommendation that two topical applications of fluoride be offered annually rather than one. Seconded by Dr. Peeler. Motion carried.

Dr. Poindexter moved that the revised statement of understanding be approved subject to review by legal counsel. Seconded by Dr. Peeler. Mo-

tion carried.

Dr. Osborne moved that the revised claims form be approved subject to review by legal counsel. Seconded by Dr. Johnson. Motion carried.

Insurance Committee: Mr. Cunningham reported that Dr. J. S. D. Nelson, chairman, Insurance Committee, had continued negotiations with Mutual of Omaha for more liberal enrollment terms in the group Overhead Expense Protection Plan underwritten by Mutual of Omaha and sponsored by the Society. As a result, Mutual of Omaha in a letter dated January 28, 1969, had agreed that:

(1) All members under age 69 and in active full time practice or employment are eligible, subject to acceptance by the company.

(2) All eligible members, as defined above, who apply will be counted toward the minimum (526) necessary for non-selective underwriting.

(3) When 526 applications have been received by Mutual of Omaha, all riders previously attached will be reviewed and an "open enrollment" period of 60 days will be announced and in effect.

(4) When the 526 application total has been reached, all applicants

the are under age 69 in active full time practice or employment, may pply without regard to medical history for a period of 60 days.

(5) The six-month quota period for the 526 applications will end

Iarch 1, 1969.

The report was received for information and the executive secretary vas instructed to write Dr. Nelson, commending and thanking him for going the second mile" in the interest of the society.

Membership: On motion by Dr. Poindexter, seconded by Dr. Johnson, was made a matter of record that the following have been dropped com the roll for non-payment of 1968 dues by December 31, 1968 as rovided in Article VI, Section 6, of the Bylaws: J. E. Hair, Canton, First District; Robert H. Libby, Charlotte, Second District; Curtis S. Reid, Vinston-Salem, Second District; Roy W. Wilson, Charleston, S. C., Second District; J. J. Wilson, High Point, Third District; Thomas H. Fetzer, Raeigh, Fourth District; John T. Fox, Selma, Fourth District; W. B. Belbis, Fifth District.

Amendment to Constitution and Bylaws: Dr. Atwater moved that the Constitution and Bylaws be amended to permit full time educators in ental schools and employees of federal and state agencies who are censed in another state to be eligible for active membership in the Soiety and that the Constitution and Bylaws Committee be directed to repare appropriate resolutions for submission to the House of Delegates. econded by Dr. Candler. Motion carried.

Appointments to State Agencies: It was noted that the term of the inumbent dental member of the State Board of Health would expire July 1. t was also noted that if the General Assembly approved a Title XIX rogram for North Carolina, the governor would be required by law to point an Advisory Committee to Title XIX composed of laymen and epresentatives of the health profession providing services under the proram, including dentistry.

It was agreed that the Executive Committee at its next meeting would onsider approving dentists to be recommended to the governor for ap-

ointment to these posts.

North Carolina Association of Professions: It was noted that the terms of Dr. L. P. Megginson, Jr., Dr. Thomas M. Hunter and Dr. Charles A. arrett on the Board of Directors of the North Carolina Association of Professions expire in 1969 and that new members would be elected at the annual meeting of the Association on February 20, 1969.

The President was authorized to recommend dentists to be elected to

ill these vacancies.

Adjournment: On motion by Dr. Johnson, seconded by Dr. Candler, he meeting was adjourned at 2:00 a.m.

Joseph M. Johnson, D.D.S. Secretary-Treasurer

RALEIGH, NORTH CAROLINA

February 8, 1969

Call to Order: The Executive Committee convened Saturday, February 3, 1969, at the Central Office, Raleigh. Dr. James H. Lee, chairman, called the meeting to order at 9:45 a.m. Dr. Candler led in prayer.

Roll Call: Committee members present were: Drs. James H. Lee, Colin P. Osborne, Jr., C. W. Poindexter, Frank G. Atwater, Joseph M. Johnson, George F. Kirkland, Jr., C. Z. Candler, Lackey B. Peeler. Members of the North Carolina State Board of Dental Examiners

present were: Drs. Freeman C. Slaughter, Guy R. Willis and C. C. Dierck Staff member present was: Andrew M. Cunningham, executive secretary.

Others present were: Dr. W. L. Hand, Jr., chairman, Dental Practic

Act Committee.

Services of Board Attorney: The statement of legal fees charged k the Board of Dental Examiners' attorney through January 2, 1969, for services rendered the Board and the Society relative to drafting amendments to the dental law was discussed.

It was noted that the legal fees totalled \$2,760.00 and that \$1,775.0 was charged to the Board of Dental Examiners and \$985.00 was charge

to the Society.

Dr. Diercks stated that an item of \$400.00 charged to the Board shoul not be included in the statement, since this was for services performe by the attorney prior to September 1966 at the sole request of the Board This would reduce the total to \$2,360.00. He advised the Executive Committee that legal expenses for amending the dental laws far exceede the \$1,500.00 estimated by the Board in September, 1966. He said the unusual court costs and investigation activity had seriously impaired the financial condition of the Board in recent years and that the Board would appreciate financial assistance from the Society to help meet if obligations. He asked the Executive Committee to consider paying had the total legal fees charged by the Board attorney, less the \$400.00 item or \$1,180.00. This would be \$195.00 in excess of the \$985.00 charged specifically to the Society by the Board attorney.

Dr. Slaughter stated that in the Board Minutes of September 18, 1966 it was recorded that the Executive Committee had agreed to pay half c

the estimated cost of \$1,500.00.

Dr. Poindexter called attention to the following resolution adopted by the Executive Committee September 18, 1966, and transmitted to the

Board on the same date:

Realizing that there is a need for a complete review of the scope of the Dental Practice Act, and pursuant to a request of the Board of Dental Examiners that modifications of the Act be proposed by the Nort Carolina Dental Society, therefore, be it

Resolved, that the Legislative Committee be directed to study the problem in consultation with the Board of Dental Examiners in order thanks specific recommendations to the Executive Committee, and be in

further

Resolved, that because no funds are budgeted this year for such purpose, the Executive Committee suggests that the Board of Dental Examiners furnish legal counsel for those specific changes which they have requested having to do with difficulties in administering the work of the Board under the present Dental Practice Act, and be it further

Resolved, that the Legislative Committee request funds for such other

changes that the Committee deems necessary.

Dr. Poindexter pointed out that the resolution made no mention of an estimated cost of \$1,500.00 nor did it obligate the Society to pay half of the cost of amending the dental laws as quoted in the Board Minutes of September 18, 1966.

Legislative Activity by the Board: Dr. Lee asked Dr. Slaughter if th General Statutes charged the Board with the responsibility of introducing

legislation amending the Dental Practice Act.

Dr. Slaughter replied that the General Statutes did not charge the Board with this responsibility, and that it was his opinion that any changes in the dental laws should be suggested by the profession. However, he said that should the Board become aware that changes should be made in the law to protect the public, then the Board should act.

Rules and Regulations: Dr. Lee called attention to the preamble of the rules and regulations pertaining to functions to be delegated to

the lental assistants proposed by the Board which stated: "At the request f the House of Delegates of the North Carolina Dental Society, the Jorth Carolina State Board of Dental Examiners has approved the fol-

owing rules and regulations:"

Dr. Lee pointed out that the rules and regulations proposed by the 30ard differed from those approved by the House of Delegates in that hey: (1) Included a serially listing of functions to be delegated to lental assistants; (2) Omitted those functions which could not be delegated to a dental assistant; (3) were, in fact, more restrictive.

Dr. Lee noted also, that the rules and regulations proposed by the Board were even more restrictive than the current rules and regulations proved by the Board and which now govern the functions of a dental

ssistant.

He said that for the above reasons the Executive Committee on Februry 7, 1969, urged that the Board not adopt the proposed rules and regu-

ations.

Dr. Johnson told the Board Members that the proposed rules and reguations would hurt dentists in rural areas. He said that dental assistants who met the required educational standards would be reluctant to seek imployment with dentists in rural areas and that it would be years beore dentists with rural practices could attract a Dental Assistant II as proposed by the Board.

Dr. Slaughter said that in the opinion of the Board the proposed rules und regulations were for the protection of the public and until approved educational training programs were established, the Board was not in avor of expanding the functions which could be delegated to dental essistants. He stated that this was the philosophy of dental educators.

Further, he pointed out, that ADA policy recommended that serial isting of functions to be delegated be omitted from the general statutes but

iid not prohibit such listing in rules and regulations.

He said that the Board attorney advised that to enumerate those proedures which auxiliary personnel cannot do would be subject to abuse by an unscrupulous practitioner and would be contrary to 90-29 (7) which contemplates positive authorization and permission rather than a negative approach.

Dr. Hand urged the Board to place more confidence in the professional judgment of the dentist to decide what functions could appropriately be delegated to auxiliary personnel and thereby help relieve the

dental manpower shortage.

Dr. Slaughter asked the Executive Committee to suggest revisions in

the proposed rules and regulations.

The Executive Committee then requested the Board to consider the foltowing revisions:

(1) Eliminate the preamble.

(2) Delegate to the Dental Assistant I the taking of X rays, the application of topical fluorides, and the application of topical anesthetics.

(3) Expand the functions of the Dental Assistant II to include: (a) changing and removing periodontal packs and surgical dressings; (b) preparing and making diagnostic study models upon which no prosthetic applicance shall be constructed and (c) placing temporary cement and temporary fillings.

(4) Include a statement of interest by the Board that the duties of the Dental Assistant II will be expanded in the future as approved training

programs are developed and established.

Dr. Slaughter said that the revisions suggested would be submitted to the Board for consideration.

Statutory Amendments: Dr. Lee informed the Board members that the Executive Committee on February 7, 1969, had considered the amendments to the Dental Practice Act proposed by the Board and had approved them subject to approval by the Dental Practice Act Committee and legal counsel.

Dr. Lee urged the Board members to seriously consider providing mechanism whereby representatives of the laboratory industry and auxili ary personnel would serve as consultants to the Board. He noted that the Dental Practice Act Committee had recommended that this mechanism be established for better liaison between the Board and all areas of den tistry.

Dr. Osborne thanked the Board members for their participation in the meeting and for discussing the issues so frankly and honestly with the

Executive Committee.

EXECUTIVE SESSION

Dr. Lee called the Executive Committee to order in executive session

Payment to Board Attorney: The request by the Board that the Society pay half the total legal fees charged by the Board attorney, for service rendered to January 2, 1969, less \$400.00 for which the Board assumed full responsibility was considered. It was noted that this would obligate the Society for \$1,180.00.

The secretary-treasurer reported that the Society had paid \$150.00 in fiscal 1967-68 to the Board attorney for services included on his statement of January 2, 1969. If the Society agreed to pay \$1,180.00, then this would leave a balance of \$1,030.00 to be paid in fiscal 1968-69 He noted that the Dental Practice Act Committee had been allocated \$500.00 in the 1968-69 budget and that the excess \$530.00 would be allocated from the Contingent Fund, reducing the balance of this fund from \$895.00 to \$365.00.

Dr. Osborne moved that the Society pay half the total legal fee les \$400.00 charged by the Board attorney for drafting amendments to the Dental Practice Act, seconded by Dr. Johnson, Motion carried unanim-

ously.

Revisions in Rules and Regulations: On motion by Dr. Osborne tha the State Board of Dental Examiners be requested to consider revising its proposed rules and regulations pertaining to functions which may be delegated to a dental assistant by a dentist as follows:

(1) Eliminate the preamble.

(2) Delegate to the Dental Assistant I the taking of X rays, the application of topical fluorides, and the application of topical anesthetics.

(3) Expanding the functions of the Dental Assistant II to include (a) changing and removing periodontal packs and surgical dressings; (b) preparing and making diagnostic study models upon which no prosthetic appliance shall be constructed; and (c) placing temporary cement and temporary fillings.

(4) Include a statement of interest by the Board that the duties of the Dental Assistant II will be expanded in the future as approved training

programs are developed and established.

Adjournment: On motion by Dr. Atwater, seconded by Dr. Kirkland, the meeting was adjourned at 5:25 p.m.

> JOSEPH M. JOHNSON, D.D.S. Secretary-Treasure

PINEHURST, NORTH CAROLINA

May 11, 1969

Call to order: The Executive Committee convened in the Camellia Room of The Carolina in Pinehurst, Sunday, May 11, 1969, Dr. James H. Lee, chairman, called the meeting to order at 9:00 a.m. Dr. Osborne led in prayer.

Roll call: Committee members present: Drs. Colin P. Osborne, Jr., Frank G. Atwater, C. W. Poindexter, Joseph M. Johnson, James H. Lee, Lackey B. Peeler, C. Z. Candler.

Introduction of new chairman: Dr. Poindexter introduced Dr. C. W. Horton who will succeed Dr. Lee as chairman of the Executive Committee during the next administration.

Approval of Minutes: The minutes of February 7, 1969 and February 8, 1969 as corrected were approved on motion by Dr. Poindexter, seconded by Dr. Candler.

Financial Report: The Secretary-Treasurer's report of April 30, 1969 was received for information.

Contribution to AFDE: On motion by Dr. Osborne, seconded by Dr. Peeler, the Secretary Treasurer was authorized to pay \$100 to the American Fund for Dental Education as a contribution from the Society. It was noted that the budget for fiscal 1968-69 included this expenditure.

Honorary Membership: On motion by Dr. Osborne, seconded by Dr. Atwater, it was made a matter of record that as a result of a mail ballot circulated April 11, 1969, Dr. Kermit K. Knudtzon of Chapel Hill was unanimously nominated to honorary membership in the Society. An appropriate resolution will be submitted to the House of Delegates.

Resolution on Dental Education: On motion by Dr. Osborne, seconded by Dr. Atwater, the following resolution is to be transmitted to the House of Delegates for its consideration:

Resolved, that the North Carolina Dental Society urge the State Board of Higher Education and the State Board of Education to establish a Joint Advisory Committee on Dental Education to coordinate the establishment and development of all dental education programs throughout the entire higher education system in North Carolina.

Request for Remission of Dues: A request from the Missionary Dentist, Inc., of Seattle, Washington, in behalf of Dr. Ernest E. Easley, Jr., of Burlington was considered. Dr. Easley spent the major portion of the last two years on the mission field in Ecuador. The Missionary Dentist, Inc., requested that his dues for that period be remitted or reduced because of financial difficulty experienced by Dr. Easley during his service as a voluntary missionary. Dr. Peeler moved that the Executive Committee inform Dr. Easley that the Executive Committee would look with favor in the future of waiving his state dues provided he worked in the mission field on a full time basis, but that the Executive Committee had no authority to remit state dues paid in the past, nor did the committee have any jurisdiction over the remission of district or ADA dues. Dr. Johnson seconded the motion and it was carried.

Smoking and Health: A request from the ADA was considered asking the Society to adopt a resolution on the health hazard of smoking. On motion by Dr. Candler, seconded by Dr. Poindexter, the request was postponed indefinitely.

N. C. Consumers Council: The committee considered an invitation the Society from the North Carolina Governor's Council on Aging to be a member of the N. C. Consumers Council which had been organized to protect Senior Citizens from unethical business practices.

Dr. Osborne moved that the invitation be declined but that individual dentists be encouraged to support the program. Dr. Peeler seconded the

motion and it was carried.

Advisory Committee on Beautification: An invitation to the Society to join the Governor's Advisory Committee on Beautification was considered. Dr. Atwater moved that the invitation be declined, but that dentists be contacted and be invited to join on an individual basis. Dr Candler seconded the motion and it was carried.

Support of Habitual Offender Bill: A request from the Carolinas As sociation of Mutual Insurance Agents that the Society support SB-338 to provide maximum safety for the traveling public by removing habitua traffic offenders from the highways was considered.

Dr. Poindexter moved that dentists be asked to consider supporting this legislation on an individual basis. Dr. Atwater seconded the motion

and it was carried.

Request from State Democratic Committee: A request for a contribution by the Society of \$25.00 in support of the Jefferson-Jackson Day Dinner from the State Democratic Executive Committee was considered Dr. Candler moved that the request should interest individual dentists and that no contribution should be made by the Society. Dr. Peeler seconded the motion and it was carried.

Dues Increase: A report from the committee on Dues Increase appointed by the president was submitted by Dr. Poindexter, chairman Othere members of the committee were Drs. Atwater and Johnson.

The committee recommended that Society dues be increased from \$35.00 to \$55.00 and that an appropriate resolution be submitted to the

House of Delegates.

Dr. Poindexter moved that the recommendation of the committee be approved. Dr. Peeler seconded the motion and it was carried.

President's Comments: Dr. Osborne informed the committee that he had submitted the names of the following dentists to the Governor for his consideration in appointing a dental member of the State Board of Health to succeed Dr. A. P. Cline, whose term expired this year: Dr. Charles T. Barker, New Bern; Dr. A. P. Cline, Canton; Dr. G. L. Hooper, Dunn. The committee went on record as approving this action by the president.

I. C. System, Inc.: Dr. Osborne presented Mr. Robert Bowman, a representative of I. C. System, Inc. Mr. Bowman proposed that the Society endorse and sponsor a collection system for individual dentists administered by I. C. System, Inc.

Dr. Osborne moved that the proposal be referred to the incoming Executive Committee. Dr. Candler seconded the motion and it was carried.

Personnel Policy: Dr. Poindexter moved that the Secretary-Treasurer with the assistance of the Executive Committee prepare a policy statement on the employment of Central Office staff members for the consideration of the Executive Committee. Dr. Osborne seconded the motion and it was carried.

Further Business: It was suggested that the Central Office furnish Executive Committee members with indexed binders for their convenience in safe keeping minutes and communications and that all material sent to them in the future be pre-punched for inclusion in the binder.

Appreciation: It was noted that Dr. Peeler's term in the Executive committee expired with this meeting. Dr. Lee thanked Dr. Peeler for the years of devoted service and expressed the appreciation of the ommittee for his counsel and interest in Society affairs while serving on the committee.

Adjournment: The meeting was adjourned at approximately 12:30 p.m.

Joseph M. Johnson, D.D.S. Secretary-Treasurer



The 1969 House of Delegates in session

Committee Reports

STANDING AND SPECIAL (In alphabetical order)

ANNUAL SESSION COMMITTEE

General chairman—Harold E. Maxwell

Arrangements — M. L. Cherry Clinic—Jack E. Silvers

Entertainment—C. R. VANDERVOORT
Banquet—W. HARRELL JOHNSON

Dance—James C. Culbreath, Jr.

Commercial Exhibits—
JAMES E. FURR

Scientific Exhibits— HENRY V. MURRAY, JR.

Hospitality-J. B. FREEDLAND

Liaison to Auxiliary— L. P. Megginson, Jr.

Monitor—Benny W. Martin

Necrology—Robert T. Byrd

Program—J. Harry Spillman

Publicity—L. P. Megginson, Jr.
Reception—Maurice B. Richardson

Sports: R. B. Taylor

Visual Education—
HARRY SPILLMAN

Meetings: The Annual Session Committee met December 6, 1968, at the Velvet Cloak Inn, Raleigh, North Carolina. All members of the Annual Session Committee were present or submitted their reports by mail. On December 7, 1968, the reports were presented to the Executive Committee.

Responsibility: The General Chairman has endeavored to develop a program format and to co-ordinate the activities of the Annual Session Committee for the fulfillment of the program format. He has acted as a liaison between the President and the Annual Session Committee.

Arrangements: The Executive Secretary's office has completed many of the responsibilities of the Arrangements Committee. Hotel application forms were mailed to members from the Central Office. Arrangements for assigning space for the various meetings and allied organizations have been made. Properties required by the essayists will be secured,

le employment of a projectionist and stenotypist has been completed, nd the needed signs, sound systems, and coffee for breaks will be proded. Registration supplies, registrars, and printed hand programs have en obtained. Floor managers have been appointed. The Executive Comlittee approved an appropriation of \$2,760.

Clinic: The Clinic Committee has arranged for 28 table clinics to be resented in the Cardinal Ballroom, Wednesday, May 14 from 9:00 - 1:30 a.m. All clinicians have been informed of the date, place, and time table clinics will be presented. An appropriation of \$95 has been pproved.

Sports: An 18-hole Golf Tournament is planned for Sunday, May 11 eginning at 8:00 a.m. at the Pinehurst Country Club. Awards to winners ill be presented Tuesday night at the banquet. An appropriation of \$100 has been approved.

Necrology: A Necrology Service will be held at the close of the General ession on Sunday night, May 11. An appropriation of \$65 has been pproved.

Monitor: Monitors have been assigned to all Scientific and General essions. Duties and hours have been mailed to each monitor. No apropriation was requested.

Publicity: The services of an experienced member of the press will e employed to handle all publicity prior to and during the meeting in 'inehurst. An appropriation of \$360 has been approved.

Commercial Exhibits: The commercial exhibits will be displayed in the hibit Hall. The 76 booths on the main floor are priced at \$130 and ne 15 booths in the lobby are priced at \$120. This will produce \$11,680 total revenue, an increase of \$490 over last year. A social hour in the rine Room for the exhibitors is scheduled at 5:00 p.m. on Monday, Tay 12. This is an excellent way to encourage exhibitors to return year fter year. Door prizes will be awarded at the close of the Third General lession on Wednesday.

Shepard Decorating Company of Atlanta has been retained to decorate he booths at \$9.25 per booth. The total cost this year will be \$867, inluding tax. The Carolina will charge \$600 for the use of the Exhibit Hall.

The Commercial Exhibits will be open on the following schedule: Sunday, May 11 from 2:00 p.m. to 6:00 p.m.; Monday, May 12 from 1:00 a.m. to 5:00 p.m.; and Tuesday, May 13 from 9:00 a.m. to 5:00 o.m.

Hotel accommodations in The Carolina will be available to the repreentatives of the exhibiting companies.

An appropriation of \$2,195 has been approved.

Scientific Exhibits. Nine organizations will present scientific exhibits in he Cardinal Lobby and Dogwood Room. An appropriation of \$25 has been approved.

Programs: The Program Committee has arranged an excellent and inormative program. The Clinicians are: Dr. Galen W. Quinn, Duke Medial Center, Durham; Dr. W. W. Dolan, Coral Gables, Florida; and Dr. Ralph W. Phillips, University of Indiana School of Dentistry, Indiaiapolis, Indiana.

One half-hour of scientific films selected by the Program Committee vill be shown prior to each scientific service on Monday and Tuesday.

An appropriation of \$1,860 has been approved.

Hospitality: Arrangements have been made to meet, greet and facilitate he visits of all honored guests attending our meeting in Pinehurst.

All essayists, visiting dignitaries, and their wives will have assigned hosts and hostesses.

An appropriation of \$30 has been approved.

Entertainment: The following events have been scheduled for the entertainment of members and guests:

On Sunday at 5:30 p.m. a lawn party is planned, sponsored by the

Auxiliary and underwritten by the Society up to \$375.

On Tuesday at 5:30 p.m. in the Cardinal Ballroom there will be a informal reception, followed by the Annual Banquet at 7:00 p.m. if the dining room, special entertainment by the Raleigh Chapter of the Society for the Preservation and Encouragement of Barber Shop Quarter Singing in America, Inc., at 8:30 p.m. and a dance at 9:00 p.m. with music by the Forest Lake Sextet.

An appropriation of \$1,550 has been approved.

House of Delegates. An appropriation of \$360 has been approved to cover the expenses of the House of Delegates.

Resolutions

This report is informational in nature and no resolutions are presented

CONSTITUTION AND BYLAWS COMMITTEE

THOMAS G. NISBET, chairman (1970)

G. SHUFORD ABERNETHY (1973) D. T. CARR (1969) J. HENRY LIGON, JR. (1972) C. P. GODWIN (1971) for me

Vacancies in Office: Upon the untimely death of the Secretary's Treasurer last May, it was discovered that the Constitution and Bylaw did not specifically provide for filling vacancies in all the elective office of the Society. Therefore, an appropriate resolution amending the Bylaw is submitted for the consideration of the House of Delegates. The committee feels that the proposed amendment will remedy the situation.

Members Elected after July 1: At its meeting December 6, 1968, the Executive Committee voted to request the Constitution and Bylaws Committee to prepare and submit to the House of Delegates an amend ment to the Constitution and Bylaws which would provide that active members who are elected to active membership for the first time, and who are elected after July 1, shall pay one-half of the current years dues. It was noted that the Bylaws of the American Dental Association include this provision. In compliance with this request an appropriate resolution is submitted at the end of this report. The committee recommends that if this amendment is adopted, the Districts should be requested to consider a similar amendment to their Bylaws.

Reimbursement of Officers and Delegates: On December 7, 1968, the Executive Committee voted to recommend that the House of Delegates consider amending the Bylaws to provide that ADA delegates be paid one day's reimbursement when overnight stay is essential to prompt attendance at an opening meeting and one day's per diem be paid when such stay is essential because of late adjournment.

The committee is in agreement with this proposed amendment. However, the committee feels that this policy of reimbursement should also extend to official representatives designated by the President to represent

the Society

The committee also suggests that consideration should be given to reimbursement of officers, committee chairmen, and committee members for out-of-pocket expenses incurred in the proper execution of their duties.

Further, the committee feels that the rate of reimbursement should be specified in the *Bylaws*, but that the Executive Committee should authorized to establish policy for reimbursement and determine the mount to be paid. The committee points out that the Executive Comittee is charged with the administration of Society business when the ouse of Delegates is not in session. Therefore, the Executive Committee informed on the financial condition of the Society and can use its scretion in determining what amount may be properly allocated in the udget for reimbursement of out-of-pocket expenses incurred by officers, elegates, alternates, committee members, and committee chairmen. An appropriate resolution is submitted at the end of this report.

Membership for Full-Time Educators: On February 7, 1969, the Execuve Committee voted to amend the Constitution and Bylaws to permit all-time educators in dental schools and employees of federal and state gencies who are licensed in another state to be eligible for active memership in the Society and directed the Constitution and Bylaws Comittee to prepare appropriate amendments for submission to the House f Delegates.

In compliance with this directive an appropriate resolution is submitted

t the end of this report.

Transfers: The Central Office has informed the committee that when nembers transfer from one district to another district, or from another onstituent of the ADA, the current policy is to exempt them from dues or the remainder of the calendar year. While the committee is in agreement with this policy, the committee feels that it is a liberal interpretation of the *Bylaws* and that the *Bylaws* should be amended to specifically eflect this policy. An appropriate resolution is submitted at the end of his report.

Dental Care Programs Committee: In 1968 the House of Delegates mended the Bylaws to provide a Dental Care Programs Committee as

ollows:

Section 7. Dental Care Programs Committee. This committee shall consist of 15 members, 3 from each District Society, 3 members appointed by the President for terms of 5 years, 4 years, 3 years, 2 years and 1 year respectively, and thereafter 3 members shall be appointed innually for terms of 5 years.

It was the feeling of the House that dental prepayment programs were multiplying and that the Dental Care Programs Committee should nolude sufficient members to adequately take care of the anticipated

work-load.

However, in actual practice the 15-member committee has proven lifficult and unwieldy from an administrative standpoint. Therefore, the Constitution and Bylaws Committee recommends that the Dental Care Programs Committee be reduced to 5 members, one from each district, with staggered terms of 5 years each.

Section 3 of the *Bylaws* provides that a standing committee may appoint subcommittees. If the work-load of the Dental Care Programs Committee requires more manpower, then sub-committees could be appointed

where needed.

An appropriate resolution is submitted at the end of this report.

Revision of Constitution and Bylaws. The committee reminds the House that the last revision and printing of the Constitution and Bylaws occurred in 1962. During the past 7 years, many amendments have been adopted. The committee recommends and urges that a complete revision of the Constitution and Bylaws be prepared for consideration of the House in 1970 and that it then be printed.

Resolutions

1. **Resolved**, that Article I of the Bylaws be deleted and the following be substituted therefor:

ARTICLE I—DUTIES OF OFFICERS

Section 1. The President shall preside at all meetings of this Society preserve order, regulate debates, and appoint standing committees provided in Article VII of the Constitution, and such other committee provided in Article VII of the Constitution, and such other committee as may be deemed necessary. He shall give deciding vote on all tie except in election of officers, when he shall have the same voting power and privileges as other members; call special meetings upon written request of a majority of the officers of the Society, including the Executive Committee and the Ethics Committee, and perform such other dutic as may from time to time be assigned to him, and shall deliver an address at the opening session of the next annual meeting after assuming office. The recommendations which will be presented in the President's Address must be submitted by him to the Committee on the President's Address and to all members of the House of Delegates at least 15 days are recommendations. prior to the Annual Meeting.

Section 2. The President Elect shall automatically become Presiden upon the installation of officers at the next annual meeting after his election as President-Elect. He shall serve as Director of Districts.

Section 3. The Vice President shall assist the President as requested He shall succeed to the office of President as provided in this Article of the Bulaws.

Section 4. The Secretary-Treasurer shall keep an accurate record o the proceedings of the meetings of the Executive Committee. He shall notify all officers and committeemen in writing of their election or appointment. He shall take charge of all letters and communications ad dressed to the Society and conduct its correspondence. He shall give due notice of the time and place of all annual and special meetings of the Society and of any committee when so requested by the President of committee chairmen.

He shall be responsible for the collection of dues owed to the district societies, the North Carolina Dental Society and the American Dental Association. He shall send to the Secretary-Treasurer of the district societies monies collected for district dues from their members. He shal transmit to the General Secretary of the American Dental Association all monies collected for dues to the American Dental Association, plus one dollar (\$1.00) per active member to the American Dental Association Relief Fund. He shall settle all debts of the Society upon approval of the President.

He shall give bond in the amount of \$25,000.00 in a surety company licensed to do business in North Carolina, said bond to be at the expense of the Society, provided that the amount of said bond may be changed at the discretion of the Executive Committee, and that the Chairman of the Executive Committee be designated as custodian of said bond.

He shall serve as custodian of the Trust Property of the North Carolina Dental Society Relief Fund under the direction of its Trustees consistent with the Trust Indenture and the rules and regulations adopted

thereunder.

The out-going Secretary-Treasurer shall make a detailed report of the financial affairs of the North Carolina Dental Society at the annual meeting of the Society for the year immediately preceding. He shall make an additional final report to the Executive Committee within thirty days after the annual meeting, this to be published in the Proceedings. The books, vouchers, checks, stubs, and all papers having to do with the finances of the Society-shall be delivered to the outgoing Executive Committee, who shall have them audited by a licensed C.P.A. at the expense of the Society and delivered to the incoming Executive Committee within two months from the adjournment of the annual meeting.

Section 5. The Editor-Publisher shall publish the annual proceedings within five months following the annual meeting, at least two JOURNALS,

d any other notices and publications the Executive Committee may tem necessary. He shall make a detailed report of the affairs pertaining the publication of the Journal at the annual meeting of the North trolina Dental Society for the year immediately preceding. He shall ake an additional final report to the Executive Committee within thirty ys after the annual meeting, this to be published in the Proceedings. The original records will be available for inspection by the Executive Dommittee whenever requested.

Section 6. In the event the office of President becomes vacant, the ce President shall become President for the unexpired portion of the

In the event both the offices of President and Vice President become cant, the President-Elect shall become President for the unexpired rtion of the term, after which he shall serve a full term as President. In the event the office of President-Elect becomes vacant, the Presient for the ensuing year shall be elected at the next annual session of

e Society in accordance with Chapter IX of the *Bylaws*.

A vacancy in the office of the Vice President or in the office of the ecretary-Treasurer shall be filled for the unexpired portion of the

rm by a majority vote of the Executive Committee.

2. Resolved, that Article VI of the Bylaws be amended by adding a ction to read as follows:

Section 11. Active members elected to active membership in this Society r the first time and who are elected after July 1 shall be exempt from tes for the remainder of the calendar year. However, they may volunily pay one-half (1/2) of the current year's dues.

(Note. If the above amendment is adopted, it should be recommended

at the Districts amend their Bylaws accordingly.)

- 3. **Resolved**, that Article XII of the *Bylaws* be amended by deleting ection 2 and substituting the following therefor:
- Section 2. The Executive Committee may reimburse delegates and alrunate delegates to the American Dental Association, official representives designated by the President to represent the Society at meetings and conferences, officers, and committee chairmen and members for ut-of-pocket expenses incurred in the proper execution of their duties.
- 4. **Resolved**, that Article III, Section 2, of the *Constitution* be amended y deleting the entire first paragraph, and substituting the following terefor:
- Section 2. Active membership shall consist of members of the dental rofession who are licensed to practice in the State of North Carolina, r who are licensed in another state and are employed on a full time asis as an educator in a dental school or as a dental officer by a Federal r State agency and who are members in good standing of a district or omponent society, of creditable professional attainments and of good loral character, having zeal for the profession and a proper regard for le varied obligations due from one member of the profession to another. Lection to membership in a district or component society constitutes lembership in the North Carolina Dental Society.
- 5. **Resolved**, that Article VI of the *Bylaws* be amended by adding a ection to read as follows:
- **Section 12.** Members in good standing of another constituent society tho transfer their membership to this Society shall be exempt from ues for the remainder of the calendar year in which they are elected active membership in this Society.

6. Resolved, that Article II of the *Bylaws* be amended by deleting Section 7 and substituting the following therefor:

Section 7. Dental Care Programs Committee. This committee shall consist of five members, one from each District Society, appointed by the President for terms of five years, four years, three years, two years, and one year respectively, and thereafter one member shall be appointed annually for a term of five years.

The duties of this committee shall be:

(a) To formulate and recommend policies relative to the planning administration, and financing of dental care programs.

(b) To study, evaluate, and disseminate information on the planning

administration, and financing of dental care programs.

(c) This committee or a sub-committee of this committee shall serv as a review committee for dental care programs.

DENTAL CARE PROGRAMS COMMITTEE

EDWARD U. AUSTIN, chairman (1969) WALTER H. FINCH, vice chairman (1972)

MOTT P. BLAIR (1971)
R. A. DANIEL, JR. (1973)
THOMAS S. FLEMING (1973)
CLEVELAND FLOYD (1969)
M. M. FORBES (1970)
S. O. GAY (1971)
JAMES E. GRAHAM, JR. (1969)

GLENN L. HOOPER (1972) JAMES B. HOWELL (1971) E. SMITH JEWELL (1973) FRANKLIN E. MARTIN (1970) GENE L. REESE (1970) S. BRYON TOWLER (1972) W. G. WARE, JR. (1969)

The Dental Care Programs Committee has been divided into four Sub Committees with membership as follows:

State Agencies: Walter H. Finch, Jr., Chairman; M. M. Forbes, James E Graham, Jr., E. Smith Jewell, Glenn L. Hooper, Mott P. Blair, Cleveland W. Floyd.

Review: James B. Howell, Chairman; Gene L. Reese, R. A. Daniel, Jr

Blue Shield: Franklin E. Martin, Chairman; W. G. Ware, Jr., E. U Austin, S. P. Gay, P. C. Purvis, Thomas S. Fleming.

Industrial Commission: S. Byron Towler.

Each Sub-Committee Report will be presented separately at the time of the preparation of this report. No report has been received from the Industrial Commission Committee.

Resolutions

This report is informational in nature and no resolutions are presented

DENTAL CARE PROGRAMS COMMITTEE

Supplemental Report 1

The Committee recommends approval of the following statement:

Use of Claim Forms By State Agencies

The North Carolina Dental Society strongly recommends to the State Department of Administration that all state agencies use the same dental

aim form when purchasing dental care from the private practicing

entist.

We further recommend that this form be used for prior authorization

when necessary), as a treatment record, and for billing purposes.

The design of the form should be similar to the one that was deloped for all state agencies (DH-11) in the fall of 1967. This form as been acceptable to the dentists of North Carolina.

Resolutions

29. Resolved, that the statement Use of Claim Forms by State Agencies e approved and be it further,

Resolved, that a copy of the statement be forwarded to the State lepartment of Administration.

DENTAL CARE PROGRAMS COMMITTEE—APPENDIX NO. 1 SUB-COMMITTEE ON STATE AGENCIES

WALTER H. FINCH, JR., chairman

M. M. FORBES E. SMITH JEWELL MOTT P. BLAIR JAMES E. GRAHAM, JR. GLENN L. HOOPER CLEVELAND W. FLOYD

Meetings: The Committee held no formal meetings.

Activities: So far as this Committee has been able to learn, the dental are programs administered by the various State Agencies are operating

atisfactorily.

Of interest to all dentists of the state is the schedule of expanded ervices allowed O.A.A., M.A.A., and A.P.T.D. recipients. This Committee eels that this expanded program will encourage the dentists of this state o co-operate in an effort to render more comprehensive care to these ecipients.

Resolutions

This report is informational in nature and no resolutions are presented.

DENTAL CARE PROGRAMS COMMITTEE—APPENDIX NO. 2 SUB-COMMITTEE ON REVIEW

James B. Howell, chairman

R. A. DANIEL, JR.

GENE L. REESE

Meetings: A meeting was held in October, 1968, with representatives of the Health Insurance Council of North Carolina. Their assurance of tull cooperation in establishing a review committee was received.

A meeting was held on November 23, 1968, in Greensboro, North Carolina. The preliminary draft of policies and procedures of the comnittee was approved. Final approval was attained later by mail. A copy

s attached to this report.

Resolutions are proposed at the end of this report as a supplement o resolutions passed in 1967. These resolutions will extend the duties of this committee so that it can effectively function in review of dentist and third party payment transactions.

Resolutions

- 7. Resolved, that the Dental Care Programs Committee determine that relevancy of the usual, customary and reasonable fee for treatmer procedures to the terms of the contract.
- 8. Resolved, that the Review Committee represent the Society in a advisory capacity to the Insurance Commission of the State of Nort Carolina in dental health insurance matters.

POLICIES AND PROCEDURES REVIEW COMMITTEE NORTH CAROLINA DENTAL SOCIETY

Purpose: The function of the North Carolina Dental Society Review Committee is to determine the relevancy of the usual, customary, an reasonable fee of treatment procedures to the terms of the contract. The functions shall not include setting fees, determining practice or in terfering in the dentist-patient relationship.

The Review Committee shall also represent the Society to the state of North Carolina Insurance Commission in an advisory capacity on denta-

health insurance matters.

Guidelines for Review Committee

1. The Review Committee shall be a permanent subcommittee of the

Dental Care Programs Committee of the North Carolina Dental Society 2. The Committee shall be composed of six members with three year staggered terms, which would require appointment of two members eac' year. Their appointment would be made by the president of the North Carolina Dental Society and should represent all districts. No membershall serve more than two consecutive terms on the committee. This committee should at all times consist of three general practitioners and three men of varied specialties as recognized by the American Dental Association. Consultants of specialties not represented on the committee. should be present in any cases involving their field. Four member: would constitute a quorum.

3. The committee shall consider problems submitted by dentists and third party agencies after the following criteria has been established

(a) A problem exists.

(b) The case is not in litigation.

(c) All benefits have not been paid.
(d) Treatment was completed less than one year before referral.
(e) Every effort has been made to solve the problem prior to referral

4. The committee shall not be vested with disciplinary authority. 5. The committee should have as consultants representatives of third party agencies and the state Health Insurance Council. Representative

members of the involved third party should be present as consultants during review sessions. 6. The committee shall provide information as to purposes and functions

to all members of the sponsoring Society and interested third party agen-

7. The committee shall not review differences between patients and dentist. These cases and quality of care considerations shall be referred to the proper committee of the Society.

8. All cases will be submitted initially to the State Review Committee It is anticipated that component review committees will be organized later and that most of the cases will be referred for their review.

9. The Review Committee shall at all times endeavor to be completely investible in the light and the latest and

impartial in the discharge of their duties.

10. Any dentist who is a member of a review committee must dis-

calify himself during the consideration of his case and the chairman all appoint a suitable, temporary substitute to serve in his stead at is time.

11. Members of review committees and consultants shall maintain in cict confidence all information received in the course of their duties.

Submission Procedures for Review

1. The third party agency or the dentist must submit in writing to the airman of the State Review Committee duplicate copies of the case on e proper forms and include all supporting documents. This should inude all information concerning complications or unusual circumstances. ne information form must be signed by a claim manager or submitting entist and submitted through the Executive Secretary of the North arolina Dental Society.

2. The third party agency or dentist who submits the case to the Review ommittee shall agree to abide by the decisions of the Review Com-

3. All parties must recognize that there is no published schedule of sual" or "customary" charges adopted by the North Carolina Dental

ociety.

4. The third party agency may notify the patient that there may be a lay in payment of the claim but must not indicate that the case has en referred to the Review Committee until the committee findings and

terminations have been officially reported.

5. The attending dentist shall be notified of the submission of his se to the Review Committee by the Chairman and be given two weeks submit to the Committee additional information in writing or to indite his desire to appear personally with additional information before e Committee. He shall not remain with the committee during their nal consideration.

6. Decision of the committee shall be submitted simultaneously to the

entist and the third party agency.

7. The third party agency will process the claim for payment within urteen days after notification of the findings of the Review Committee nless an appeal is filed.

8. An appeal from the component review board may be filed to the

tate Review Committee.

DENTAL CARE PROGRAMS COMMITTEE—APPENDIX NO. 3 BLUE SHIELD SUB-COMMITTEE

FRANKLIN E. MARTIN, chairman

E. U. Austin W. G. WARE, Jr.

T. S. FLEMING

S. P. GAY P. C. Purvis

Meetings: The Committee held meetings on September 13, 1968, Noember 15, 1968, December 6, 1968, January 5, 1969, and February 7, 969.

Assignments: The 1968 House of Delegates adopted the following duties or this sub-committee (Trans. 1968:80)

a. To formulate and recommend policies relative to the planning, ad-inistration, and financing of dental care programs.

b. To study, evaluate, and disseminate information on the planning. dministration, and financing of dental care programs.

c. This committee or a sub-committee of this committee shall serve as review committee for dental care programs.

Results of Study: After many hours of study, joint meetings, and

consultation, the Blue Shield sub-committee recommended that the Ex-la ecutive Committee of the North Carolina Blue Cross-Blue Shield, Inc

1. Pre-payment Dental Benefits Certificate (with latest revisions)

2. Dental Claims Form

3. The Statement of Understanding (which is to be signed by the President of our North Carolina Dental Society after affirmative advices of Society's legal counsel.)

Resolutions

This report is informational in nature and no resolutions are presented.

DENTAL CARE PROGRAMS COMMITTEE—APPENDIX NO. 4 INDUSTRIAL COMMISSION SUB-COMMITTEE

S. Byron Towler, chairman

A revision of the dental fee and services schedule pertaining to the North Carolina Workman's Compensation Act became effective Augus 1, 1967. There have been no changes since that date. This committee has not held a formal meeting.

Resolutions

This report is informational in nature and no resolutions are presented

DENTAL EDUCATION COMMITTEE

C. W. SANDERS, chairman

R. B. BARDEN RALPH D. COFFEY RILEY E. SPOON GUY R. WILLIS

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Meetings: The committee held no formal meetings during the past year if

Activities: Individual members have been active in various areas when they were able to confer and lend assistance to the School of Dentistry the Dental Hygienists and Dental Assistants organizations.

New Curriculum: Dean Bawden reports that the major activity at the School of Dentistry during the past year has been a complete revision of the D.D.S. curriculum. According to Dean Bawden, "This study has been under way for over two years and will result in entering of the 1969 freshman class on the new course of study. The importance of this activity cannot be over-emphasized since it is an absolute necessity tha the school adapt its programs to the changing patterns of society, the dental profession, and the health industry in general. As definitive plan ning proceeds, it is apparent that the new curriculum will be a marker departure in concept and detail from the curriculum the school has employed through the first 19 years of its operation. These changes are designed to better correlate the basic sciences with each other and with designed to better correlate the basic sciences with each other and will the clinical sciences, to introduce the student to the patient much earlie in his career, to place the emphasis on care of the patient in a compre hensive way rather than the performance of individual unrelated proce dures, to emphasize the dentist's responsibilities to his community and his profession, and to provide the student with more flexibility in the curriculum and opportunity for independent study and thought. The curriculum and opportunity for independent study and thought. The curriculum study has been under the supervision of Dr. Don L. Aller who serves as Chairman of the Curriculum Committee, and with majo support from Dr. Bennie D. Barker, assistant dean for academic affairs. These two men, along with the Curriculum Committee and the faculty. -large have done a superb job and the results are receiving nationwide tention."

New Education Wing: The new Dental Education Wing will be occupied 1 May 19 and dedicated on October 19 of this year. This fine new 11 provide desperately needed facilities to relieve conditions is severe overcrowding in the present school and permit the school to 12 cpand and develop numerous programs. When the building is completed to physical plant directly available to the School of Dentistry will have creased from 52,000 sq. ft. in the original school to somewhat over 10,000 sq. ft., including the Dental Research Center and the new Dental ducation Wing.

Resignation of Dr. Demerritt: After long and outstanding service as sistant dean for administration with the School of Dentistry, Dr. W. W. emeritt, Jr. submitted his resignation from that position due to a pronged and serious illness. Effective February 1, 1969, Dr. Don L. Allen as appointed to succeed Dr. Demeritt as assistant dean. Nearly all entists in North Carolina are familiar with the dynamic leadership and atstanding contributions Dr. Demerritt has given to the school and the ental profession in this state. We look forward to his recovery and rentual return to our faculty where he can lend his talents in a number? areas of special interest to him. The school is indeed fortunate to have r. Allen available to assume this important position, and we are entirely infident that his services in this regard will be a tremendous asset to 10 properations.

Regional Medical Program. Development of the Regional Medical Program Dental Project promises a new dimension in our continuing education programs directed toward dentistry in the community hospitals. The community has been director of this project and has done an explent job. This is the first and only dental program funded under the egional Medical Program.

Teacher Education: The Dental Auxiliary Teacher Education Program esigned to provide qualified teachers to community college and technical stitute programs in the dental auxiliary fields is continuing to proceed its development. The major problem has been in student recruitment in Miss Alberta Beat, the director, and her staff are undertaking innsive recruiting efforts in the next few months to secure an adequate umber of qualified applicants.

Hospital Dental Service: September 1, 1968, Dr. B. W. Webster was pointed Director of the Hospital Dental Service. Establishment of this rvice is an effort to correct one of the major deficiencies in the rhools.

Resolutions

This report is informational in nature and no resolutions are presented.

DENTAL EDUCATION COMMITTEE—APPENDIX NO. 1 SUB-COMMITTEE ON CONTINUING EDUCATION

GUY R. WILLIS, chairman

BENNIE D. BARKER KEITH L. BENTLEY GLENN F. BITLER FRANK H. DANIEL WADE H. BREELAND DAVID H. FRESHWATER FREDERICK G. HASTY ROBERT W. HOLMES WALTER T. MCFALL, JR. LACKEY B. PEELER

JAMES A. PRIVETTE

The Committee on Continuing Education has held no formal meetings is past year. However, the Survey of Practicing Dentists in North

Carolina was not completed until December 1968. The committee believe that it will be in a position to make more definitive recommendation to the North Carolina Dental Society once these data are analyzed and the reports on that study are completed.

At the present time, the School of Dentistry is developing these reports. A general outline of the material to be included is as follows:

I. Purpose, scope and objectives. II. Brief summary of major findings.

III. Major findings.

IV. Conclusions and recommendations.

It is recommended that this committee be continued during 1969-7(in order to complete this study and bring forth appropriate resolution: to the House of Delegates of the North Carolina Dental Society.

Resolutions

This report is informational in nature and no resolutions are presented

DENTAL EDUCATION COMMITTEE—APPENDIX NO. 2 SUB-COMMITTEE ON DENTAL ASSISTANTS

WILLIAM H. OLIVER, chairman

WILLIAM A. MYNATT M. W. Aldridge BURKE W. Fox

HENRY S. ZAYTOUN JOHN N. DENNING ZYBA K. MASSEY

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Two meetings were held, other than individual members attending District meetings and giving talks. On July 20, 1968, the committee me at Wayne Community College in Goldsboro and on December 7, 1968, at Velvet Cloak Inn, Raleigh.

A poll conducted at each District meeting and answered only by the dentists attending, indicate they favor their dental assistants doing the

following:

1. Taking impressions for study models.

2. Permitting the assistant to polish an amalgam restoration.

3. Remove excess cement from crowns, inlays, etc.

4. Permit them to place dressings, temporary cements and temporary fillings.

5. Removal of sutures.

6. Permit the assistant to change and remove periodontal packs.

7. Change dressings after surgery.

8. Application of topical medications. 9. Permit the placement of rubber dams.

10. Perform a pumice prophylaxis.

It was resolved to work in close harmony with the directors of the dental departments in the Community Colleges.

The committee recommends that the Dental Practice Act Committee:
1. Consider the results of the poll taken at the five (5) District meetings concerning the role of the dental assistant under the Dental

Practice Act.

2. Encourage and make available evening extension to dental assistants who were not fortunate enough to have formal education and thus become certified when they prove they are qualified.

DENTAL EDUCATION COMMITTEE—APPENDIX NO. 3 SUB-COMMITTEE ON DENTAL HYGIENISTS

M. W. CARPENTER, chairman

J. HARRY SPILLMAN CHARLES A. REAP, JR. CHARLES T. BARKER J. HENRY LIGON, JR.

Meetings: The committee held no meetings.

Assignments: The 1968 House of Delegates adopted the following resoutions (Trans. 1968: p. 85)

12-1968-H. Resolved, that the House of Delegates of the North Carolina Dental Society recommend that dentists compensate dental office auxiliary personnel on a salary basis rather than by commission.

13-1968-H. Resolved, that no additional schools of dental hygiene be ctivated for the coming year in order that we may concentrate our efforts on improving those programs now underway.

Actions: During the past year the teacher training course for Dental Iygienists (and Dental Assistants) was started at U.N.C. The present number enrolled in this course is six. (3 in Dental Hygiene and 3 in Dental Assistance) The purpose of this course is to train persons to teach not the community college dental hygiene schools and in dental assistance classes.

The University is planning to expand its course in regular dental hygiene to 30 students in September 1969 — 45 students in September

1970 — and 60 students in September 1971.

It is the feeling of this committee that with the above expansion at he U.N.C. School of Dentistry and our continuing programs at Charlotte, Jamestown and Goldsboro, the shortage of dental hygienists in North

Carolina is gradually diminishing.

The greatest need presently appears to be in the area of recruitment. All dentists across the state should talk with high school senior girls to acquaint them with these programs and encourage more qualified applicants to apply to the four institutions. It is squarely up to all dentists throughout the state to assume a greater responsibility in urging prospective students to choose dental hygiene as a career.

Resolutions

- 9. **Resolved**, that the House of Delegates encourage a more active participation of all dentists to acquaint qualified high school students with Dental Hygiene so that all of our schools may keep their programs filled to capacity.
- 9. **Resolved**, that dentists be urged to encourage qualified high school students to pursue a career in dental hygiene, and thereby keep all our schools of dental hygiene filled to capacity.

DENTAL HEALTH COMMITTEE

Francis A. Buchanan, chairman

WILLIAM H. PRICE J. FRED SPROUL

E. A. PEARSON, JR. W. ROBERT CAVINESS

Meetings: No formal meetings were held. All assignments were made by mail or by telephone.

N. C. Health Council: Doctors Price, Caviness and Pearson attended

the annual meeting of the N. C. Health Council. The following is the

report submitted by Dr. Price:

State Health Department.

The annual meeting of the North Carolina Health Council met in Durham in January. A comprehensive review of all government programs affecting medical and dental was presented. Representatives of all health professions in North Carolina were present as well as various vol-

untary organizations. Federal programs were discussed in length as related to what is happening in North Carolina. Our state is fortunate in receiving a good comparative percentage of all federal funds for research at the three medical schools and the dental school. While this is a general meeting in nature, it is informative and relates to dental efforts. A representative of the North Carolina Dental Society should attend this meeting annually. Dr. E. A. Pearson, Jr., also attended as a representative of the

N. C. Academy of Science: Again this year the Dental Health Committee approved the \$100.00 budgeted for the N. C. Academy of Science to support the science fair programs throughout the state.

Career Day: The U.N.C. School of Dentistry scheduled its annual career day for prospective dental students, dental hygiene students and dental assistant students on March 15. The Central Office sent out application forms along with its regular newsletter. However, the event was cancelled because of a lack of applicants. Only 13 applications were received.

Dental Health Division: The annual report from Dr. E. A. Pearson, Director of the Dental Health Division of the N. C. State Board of Health, is attached.

Resolutions

This report is informational in nature and no resolutions are presented.

SUMMARY REPORT* DIVISION OF DENTAL HEALTH NORTH CAROLINA STATE BOARD OF HEALTH

June, 1968-June, 1969

Comprehensive Planning: The Division of Dental Health and the North Carolina Dental Society continued to cooperate with the Department of Administration by providing consultation and statistical information related to the development of a dental program under Title XIX. The Advisory Budget Commission has recently recommended to the General Assembly a Title XIX program which, if enacted, will increase funds available for the dental care of categorical and dentally indigent welfare recipients from the present 1.5 million to 11.2 million dollars per year. The Dental Care Committee of the North Carolina Dental Society endorsed the recommended program in testimony before the joint Senate-House Appropriations Subcommittee on Health, Welfare, and Institutions, and further recommended that the dental program provide adequate dental care from the beginning, with a system of quality control; reimbursement of dentists on a usual, customary and reasonable fee basis; competent planning and administration by a dentist; and positive identification of eligible recipients to eliminate duplication of services.

Residency Training: The Council of Dental Education of the American Dental Association informed the Division of Dental Health that its residency training program has been granted full approval. The program is now listed under "Accredited Advanced Dental Education Programs for ne Preparation of Specialists." One dentist completed the 12-month resiency training program during this year, and the next candidate will egin training in the summer of 1969.

Continuing Education: A four-day conference for North Carolina denal public health workers was held in Southern Pines during September, 968. Selected members of the Dental Health Division staff attended ontinuing education courses on the Prevention and Control of Dental aries, Principles of Public Health for Dentists and Hygienists, and Rearch Design, held at the School of Public Health, University of North arolina at Chapel Hill.

Consultant Service: The State Board of Health formed six health reions in North Carolina in order to make uniform the areas covered by ach program consultant and to bring consultant services closer to the

ecipients.

Staff members of the Dental Health Division served as consultants to oth official and non-official groups which included federal, state, and ounty agencies; voluntary agencies; professional societies; and agencies roviding dental care programs sponsored through the Office of Ecoomic Opportunity, Migrant Labor, etc.

for submission to the Council on Dental Health, N.C.D.S. for inclusion

1 its 1969 report to the House of Delegates, May, 1969.

Education, Diagnosis, and Treatment: During the year ending Decemer 31, 1968, the staff dentists of the Dental Health Division presented lassroom lectures about dental health to 98,398 school children. They rovided a dental screening for 105,053 school children, referred 27,757 hildren to private-practicing dentists, and rendered preventive and corective dental care to 17,102 children who were judged to be dentally ndigent.

The special summer program using senior dental students to provide ental services to underprivileged children under the supervision of a taff dentist resulted in the provision of services to 2,138 children as vell as providing a unique educational experience for the 15 dental

tudents who participated in the program.

The Little Jack Puppet Show was presented 367 times to a total of 04,478 children.

Fluoridation: Four cities in North Carolina began fluoridation of their nunicipal water supplies in 1968. At the present time 74.5 percent of the people in North Carolina who are served by municipal water supplies

re drinking fluoridated water.

The Dental Health Division provided fluoridation to some children who could not be served by municipal water supplies by fluoridating ive rural school water supplies during 1968. This was done in cooperation with the Laboratory and Sanitary Engineering Divisions of the State Board of Health and the Boards of Education of the counties in which he schools were located.

Research: The Dental Health Division's study to test the effectiveness of two topical fluoride solutions has been completed, and the data is now being tabulated and analyzed. The study of the effectiveness of fluoride upplements in reducing dental decay was continued for the sixth year of its seven-year duration.

A twelve-year study, intended to determine the optimum level of flupridation for rural school water supplies, was begun in 1968 in coopera-

ion with the United States Public Health Service.

North Carolina Dental Program for Children: The Division wrote and submitted for funding a program to study incremental dental care for children residing in selected isolated areas of the state. Due to a freeze of federal funds, the project was not funded. It will be submitted again when funds become available.

DENTAL LABORATORY RELATIONS COMMITTEE

C. Z. CANDLER (1969), chairman

THOMAS L. DIXON (1971) JAMES A. HARRELL (1973)

C. D. EATMAN (1970) HAROLD E. MAXWELL (1972)

Relations with NCDLA: The Dental Laboratory Relations Committee has enjoyed another year of good relations with the NCDLA and your committee feels that significant strides are being made toward further cementation of the good relations which exist between these two groups.

On September 14, 1968 at the Blockade Runner Hotel in Wilmington, a joint meeting was held between the Dental Laboratory Relations Committee, the State Board of Dental Examiners and representatives of the NCDLA. Members of the Sub-Committee on Dental Laboratories and

Dental Technicians were present as invited guests.

This meeting was held to discuss the proposition that the laboratories within the State of North Carolina be certified within this State. Subsequently, the afore-mentioned Sub-Committee took over the task of formulating these propositions, and further information on this subject may be found in the final report of the Sub-Committee as it appears in this Blue Book.

Resolutions

- 10. Resolved, that the Dental Laboratory Relations Committee be encouraged to continue in its efforts to further the good relations now existing between the NCDS and the NCDLA.
- 11. Resolved, that local dental society groups be encouraged to issue invitations to laboratory personnel within their respective areas, to attend clinics and seminars which would be of mutual benefit.
- 12. Resolved, that omission of dental laboratory listings in the Yellow Pages of the telephone directories be encouraged.

DENTAL PRACTICE ACT COMMITTEE

W. L. HAND, chairman

ROGER E. BARTON THOMAS M. HUNTER FRANK O. ALFORD ROBERT B. LITTON

FAY H. CULBRETH

Meetings: The Committee met July 10 and September 23, November 22, 1968, and January 27, February 17, and March 15, 1969.

Assignments: The Legislative Committee in a report to the Executive Committee January 7, 1967, recommended that a study in depth of the present dental practice laws be initiated. The Executive Committee on January 7, 1967, directed the president to appoint a special committee to study the present dental practice act in cooperation with the State Board of Dental Examiners and report to the House of Delegates.

Report of Study: The reports of sub-committees are presented under appendices $1,\,2,\,3,\,4,$ and 5.

The Dental Practice Act Committee recommends approval of the subcommittee reports with the exception of the report of the sub-committee on General Dentistry. After consulting with the Society's legal counsel, the committee concluded that the revisions in the dental laws proposed by the Board of Dental Examiners and subsequently by the sub-committee on General Dentistry should be studied further.

Resolutions

18. Resolved, that the study of the dental laws of North Carolina be ontinued by the committee and sub-committees as now constituted.

DENTAL PRACTICE ACT COMMITTEE—APPENDIX NO. 1 SUB-COMMITTEE ON DENTAL HYGIENE

ROBERT H. SAGER, chairman

MISS ELEANOR A. FORBES
J. HARRY SPILLMAN

MISS CAROLYN C. WILLIAMS JAMES H. LEE

Meetings: The sub-committee on Dental Hygiene met September 15 and December 5, 1968, and March 15, 1969.

Assignment: The sub-committee on Dental Hygiene was directed to tudy the Dental Practice Act as it relates to dental hygiene and make ecommendations for any changes in the General Statutes of North Carona or regulations in the best interest of the dental and hygiene prossions.

Report of Study: As a result of its comprehensive study the sub-ommittee recommends that the several revisions in the dental laws conained in this report be made.

Preamble: In 1945 the state legislature adopted the Dental Hygiene ct (DHA) on the basis that the practice of dental hygiene affects the relfare of the citizens of North Carolina and it is in the public interest pregulate and control through licensure the individuals who practice ental hygiene. The committee recommends that a statement to this efect be incorporated in a preamble to the DHA as follows:

The practice of dental hygiene affects the public health, safety, and velfare and only qualified persons should be permitted to practice dental

ygiene in the state of North Carolina.

Section 90-221: This section defines dental hygiene as "the treatment f human teeth by removing therefrom calcareous deposits and by repoving accumulated accretion from directly beneath the free margin of he gums and polishing the exposed surfaces of the teeth."

The committee recommends that whenever possible the listing of pecific activities pertaining to the practice of dental hygiene be deleted

rom the DHA and placed in the Board's Rules and Regulations.

There is little doubt that a decade from now the practice of dentistry vill be different than it is today; rules and regulations will have to be ltered to meet the new situations. Additions and corrections to rules not regulations listed in the DHA require action by the state legislature. Laws in the Board's Rules and Regulations will only need Board action to be amended. The Board has the degree of knowledge to make desisions regarding activities in the practice of dental hygiene, it meets nore frequently, and it can alter the rules with less legal "red tape" han the state legislature.

The committee recommends that Section 90-221 be revised to read as

ollows:

10-221. Definitions. Scope of Dental Hygiene.

a. Dental Hygiene as used in this article shall mean the performance of those services which are educational, therapeutic, and preventive in lature which attain or maintain optimal oral health as determined by the North Carolina State Board of Dental Examiners and may include but are not necessarily limited to complete oral prophylaxis, application of

preventive agents to oral structures, exposure and processing of radio graph, administration of medicaments prescribed by a licensed dentist preparation of diagnostic aids, written records or oral conditions for in terpretation by the dentist.

b. "Dental hygienist" shall mean any person who is a graduate of all Board accredited school of dental hygiene, who has been licensed by the Board, and who practices dental hygiene as prescribed by the Board

c. Nothing in this article shall be construed as affecting the practice of

dentistry or medicine as provided by law.

d. The following practices shall be exempt from the provisions of this article:

1. Teachers of dental hygiene provided they are licensed in the

United States and are teaching in a Board approved program.

2. Students enrolled in a Board approved dental hygiene program under the direct supervision of a dental hygienist or dentist acting as an instructor.

The committee agrees that the Board is the proper agency to administer the DHA.

Section 90-222. The committee recommends that this section be revised to read as follows:

90-222. Administration of Article. The North Carolina State Board of Dental Examiners (Board) as created by the Dental Act (90-222) is charged with the duty of administering the provisions of this article.

Section 90-223. Most of the sections of the DHA are concerned with the procedures for issuing, maintaining, and revoking dental hygiene licenses. Section 90-223 authorizes the Board to make rules and regulations necessary to administer the DHA which is primarily concerned at present with the licensure procedures.

The committee agrees that the Board is the proper agency to administer the licensing procedures and recommends that Section 90-223 below. expanded to include a brief statement of all of the duties of the Board

as follows:

Section 90-223. Powers and Duties of the Board.

a. The board shall (1) conduct examinations for licensure. (2) issue licenses, (3) issue annual renewal certificates, (4) renew expired licenses and (5) revoke or suspend licenses for infractions of rules and regulations.

b. The board shall make such necessary rules and regulations as may be necessary to carry out the provisions of the licensing procedures.
c. The board shall establish rules and regulations concerning the practice of dental hygiene.

Section 90-224: Two sets of regulations govern the licensure of the dental hygienist. One group of rules was incorporated in the DHA when it was enacted by the state legislature. These laws can be changed only by further action of the legislature which can be a cumbersome procedure. The other set of rules has been passed by the Board and constitutes its Rules and Regulations. These can be altered by appropriate Board action.

Some duplication exists in the rules enacted by these two law-making bodies. For example, both Section 90-224 of the DHA and the Board Rules and Regulations (page 14) state that the applicant for licensure

shall be at least 19 years old and a citizen of the United States.

The committee recommends that statements authorizing the Board to conduct examinations for licensure be retained in the DHA but that the details of the licensing procedures be deleted from the DHA and incorporated in the Board's Rules and Regulations.

The committee recommends that the section on eligibility for examination, Section 90-224, be limited to a statement that the applicant should have been graduated from a Board approved program of dental hygiene. The state legislature has been requested to modify the DHA on several

occasions. Two of the amendments concern raising the fee for the licens-

ing examination and renewal licenses as outlined in Section 90-231.

The committee recommends that the DHA set the maximum fee for cense examination and annual renewal at \$50.00. The Board may set ne fee at a level not to exceed \$50.00 commensurate with the service andered without having to get approval from the state legislature. State gislative action would be required to increase the maximum.

The committee recommends that Section 90-224 be revised to read as

ollows:

90-224. Examination of Applicants.

a. The applicant must be a graduate of a Board approved program of ental hygiene.

b. The Board shall have the authority to establish in its Rules and

legulations:

The form of application.
 The time and place of examination.
 The type of examination.
 The qualifications for passing the examination.
 The fee for examination not to exceed \$50.00.

Section 90-225. The committee recommends that this section be revised o read as follows:

Section 90-225. Issuance of License.

a. The Board shall issue licenses to examinees who pass the Board's xamination.

b. The Board shall determine (1) the method and time of notifying uccessful candidates, (2) the time and form for issuing licenses, and (3) he place license must be displayed.

Section 90-226. The committee recommends that this section be reised to read as follows:

Section 90-226. Renewal of Certificates.

a. The Board shall issue annual renewal certificates to licensed dental lygienists.

b. The Board shall have the authority to establish in its Rules and

Regulations:

The form of application for renewal certificates.
 The time the application must be submitted.
 The type of certificate to be issued.

4. How the certificate must be displayed.

5. The fee for renewal certificates not to exceed \$50.00.

6. The penalty for late application.

7. The automatic loss of license if applications are not submitted.

Section 90-227. The committee recommends that this section be revised o read as follows:

Section 90-227, Renewal of License.

The Board shall have the authority to renew the license of a dental nygienist who fails to obtain a renewal certificate for any year provided she (1) makes application for a renewal of license and (2) meets he qualifications estblished by the Board.

The committee also recommends that the following sections be revised so that they will be similar to analogous sections in the Dental Practice

Act:

90-228 Revocation or suspension of license

90-230 Discipline of a dental hygienist 90-233 Violation of a misdemeanor

Section 90-232. The committee recommends that this section be revised to read as follows:

Section 90-232. Practice of Dental Hygiene.

a. A dental hygienist may practice in:

Office of a duly licensed dentist
 Dental clinic of a public school

3. State Board of Health

4. Dental clinic of a state institution

5. Dental clinic of any industrial establishment

6. Dental clinic of a hospital

b. A dentist in private practice may employ more than one denta hygienist at one and the same time.

c. The hygienist in the private office must practice under the direct

supervision of a licensed dentist.

d. The Board shall have the authority to enact or amend rules and regulations governing the practice of dental hygiene or the licensing of dental hygienists.

1. Proposed changes must be (1) circulated to licensed dentists and dental hygienists at least thirty (30) days prior to the final vote and

(2) must receive a majority vote of the Board.

2. The accepted rule change must be (1) filed with the appropriate state agency, the Secretary of State and (2) a copy distributed to the licensed dentists and dental hygienists within ten (10) days of final approval by the Board.

3. The Board shall issue every two years a compilation of the Denta Hygiene Act and the Board rules and regulations, and a directory of dentists and dental hygienists to each licensed dentist and dental hygienists.

gienist.

Consultant to the Board: The committee recommends that the Board shall provide in its rules and regulations a method for electing a dental hygienist as a consultant to the Board. Communication between the licensed dental hygienists and the Board shall be channeled through the consultant.

Further revisions: The committee contemplated that these recommendations would increase the responsibilities as well as the work of the Board. Consideration should be given to: (1) changing the Board's name to the North Carolina State Board of Dentistry, (2) increasing the membership of the Board from the present six to nine, and (3) employing an executive secretary to be responsible for administration of the policies of the Board.

Resolutions

19. Resolved, that the revisions in the dental laws of North Carolina recommended by the sub-committee on Dental Hygiene in its report to the House of Delegates be approved, and be it further

Resolved. that the said revisions be submitted to the Society's legal counsel and that he be requested to prepare them in the proper legal and

statutory language, and be it further

Resolved, that the revisions as prepared by legal counsel be submitted to the Legislative Committee for enactment by the General Assembly into the General Statutes of North Carolina.

DENTAL PRACTICE ACT COMMITTEE—APPENDIX NO. 2 SUB-COMMITTEE ON DENTAL LABORATORIES AND DENTAL TECHNICIANS

JOHN B. SOWTER, chairman

JAMES A. HARRELL C. Z. CANDLER, JR. PEARCE ROBERTS, JR. ROBERT C. GUNTER, CDT CARLTON S. NEWTON. CDT E. WORTH FRINK, CDT reg of he

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Assignments: The sub-committee was asked to make recommendations concerning dental laboratories and dental laboratory technicians which could be incorporated in a revision of the Dental Laws of North Carolina

Meetings: The sub-committee met on February 17, 1968, March 9, 1968, ovember 3, 1968, November 23, 1968 and December 1, 1968. A conderable amount of sub-committee business was transacted by telephone. Several guests participated in our discussions and made significant intributions. These included Robert L. Jones, CDT, C. G. Renfroe, CDT, and Albert Wray, CDT.

Results: The relationships established through this sub-committee have en harmonious and rewarding. The recommendations which follow the deemed to be in the best interest of the people of North Carolina and also in the best interest of the dental profession and its related fields.

Educational Program: The sub-committee recommends that an educaonal program to explain these proposals, if they are accepted by the
arent committee and the House of Delegates, be formed from interested
embers of the North Carolina Dental Society and the North Carolina
ental Laboratory Association. Such a program would help upgrade
elationships between the organizations and benefit practicing dentists
and commercial dental laboratories by explaining the proposed legislaon and demonstrating the importance of following prescribed legal
rocedures regarding laboratory prescriptions.

It is not the intent of this report to remove any parts of the present ental law pertaining to dental laboratory technology. Rather, the intent to identify and recognize competent dental laboratory technicians to id the dentist in better serving the interest of public health, safety, nd welfare and to strengthen the existing provisions regarding written ork orders, unauthorized practice, and ethical and legal relationships etween the dentist and the laboratory.

The sub-committee recommends that the "Commission Concept" deribed later in this report be considered as an effective means to eal with problems and examinations in other related dental fields. This oncept has the advantage of maintaining dentistry and its related acvities under one "umbrella" while permitting each allied field to ave a significant voice in its own affairs. This concept has the additional benefit of permitting certain activities presently within the Board f Dental Examiners to be delegated without losing control of these ctivities. This should effect a savings in time for the Board.

Some question has arisen regarding the legality of the "Commission concept." The sub-committee wishes to be informed as soon as possible the attorney for the North Carolina Dental Society questions the egality of this concept, in particular the method of selecting members f the commission and its functions. In the event that changes are conemplated which would alter the intent of this report, the sub-committee equests permission to amend this report. Because of the innovations which are implied in these recommendations, no effort has been made o identify the article or placement of these items in any legislation.

Commercial dental laboratories and dental laboratory technicians are mportant parts of the dental health team. The increased demands in lental practice makes the utilization of dental laboratory technicians nd commercial laboratories increasingly important. In this context, the egulation of dental laboratories and the identification and certification of dental laboratory technicians and dental laboratory operators affects he public health, safety, and welfare.

Recognition and certification of dental laboratory technicians and comnercial dental laboratories will promote education and increasingly ligher standards in the dental laboratory craft. This will enable dental aboratory operators to better identify qualified technicians and potential employees.

Recognition and certification will enable the dentist to identify laboraories and technicians qualified to produce restorations required in dental reatment. This in turn enables the dentist to give better service to the public and increase the standards of dental health care. Definitions: The sub-committee recommends that the following definitions be drafted by legal counsel in proper legal statutory language and inserted in appropriate sections of the dental laws:

- (1) Dental Laboratory Technology: The art and science of constructing dental restorations or appliances from impressions or on casts supplied by a licensed dentist and following the written prescription or work authorization supplied by the dentist.
- (2) **Dental Laboratory:** A place remote from a dental office where dental restorations are contructed for dentists following their written prescription or work authorization.
- (3) Dental Laboratory Technician: An individual (1) who has successfully completed a two year educational program in a school of dental laboratory technology accredited by the Council on Dental Education of the American Dental Association; or (2) who has a minimum of three years of experience in the dental laboratory craft. The training and/or experience may be in one or more of the following technical areas:
- (a) Dental Laboratory Technician (Complete Dentures): A technician whose special skills enable him to perform all the functions and techniques required to make complete dentures within the dental laboratory following the dentist's prescription or work authorization.
- (b) **Dental Laboratory Technician (Fixed Restorations):** An individual whose special skills enable him to perform the technical procedures required to make crowns, bridges, and inlays within the dental laboratory following the dentist's prescription or work authorization.
- (c) Dental Laboratory Technician (Ceramics): An individual skilled in the manipulation of porcelain and related materials such that he is able to make esthetic dental restorations within the dental laboratory following the dentist's prescription or work authorization.
- (d) **Dental Laboratory Technician (Removable Partial Dentures):** A technician whose special skills enable him to make removable dental appliances within the dental laboratory for partially endentulous arches following the dentist's prescription or work authorization.
- (e) Dental Laboratory Technician (Orthodontics): An individual skilled in making orthodontic appliances, fixed or removable, within the dental laboratory following the dentist's prescription or work authorization.
- (4) **Dental Laboratory Operator:** A dental laboratory operator is a dental laboratory technician who is directly responsible for the day-to-day operations of a dental laboratory. To qualify, he will be expected to complete technical examinations in two or more technical areas. This will not preclude a dental laboratory operator from supervising a laboratory in which all types of dental appliances and/or restorations are produced. (Any dental technician or individual employed in a dental office who accepts laboratory work from outside the given dental office will be deemed to be operating a dental laboratory.)

Rules and Regulations: The sub-committee recommends that the rules and regulations of the State Board of Dental Examiners include provisions: (1) Restricting patients from going to a dental laboratory; and (2) Establishing sanitary standards for dental laboratories.

Commission Concept: The sub-committee recommends that a Dental Laboratory Commission be established within the framework of the North Carolina State Board of Dental Examiners to be responsible for matters pertaining primarily to dental laboratory technology and dental laboratories.

The commission will consist of not less than three nor more than five Certified Dental Laboratory Technicians (N.C.) and one dentist. The first commission may be composed of technicians (eligible for certifica-

ion) appointed by the State Board of Dental Examiners. Subsequently, echnician members will be elected for staggared three year terms by Certified Laboratory Technicians in a manner similar to that stated in Section 90-22. The dentist member of the Commission will serve a three year term and will be appointed jointly by the Commission and the Board.

Rules and regulations and amendments thereto regarding dental laboraories and/or dental technicians must be approved by a majority of both he Commission and the Board, voting independently, before becoming

Annual examinations are to be conducted to certify dental laboratory echnicians. These examinations are to be conducted to certify dental laboratory echnicians. These examinations are to be supervised by a panel of eximiners composed of no less than three members of the Commission and one member of the Board. The result of these examinations must be approved by a majority of the Commission and a majority of the Board. In this manner, the Board will maintain final control over the content, nethod, and delivery of examinations and will review the results of each examination before they are appropried. examination before they are announced.

A "grandfather clause" would make individuals with the qualifications stated in the definitions of Dental Laboratory Technician on the date of atification eligible to be certified upon application to the Commission.

Likewise, Dental Laboratory Operators, with the qualifications as set forth in the definition, and being in business as a laboratory operator or one or more years before the date of ratification, would also receive certification as operators upon application to the Commission. Initially, provision will be made to permit those people acting as, but not meeting he qualifications of, a laboratory operator to continue in business until a qualifying examination is given.

Members of the Commission would aid in the investigation of infrac-ions of the Dental Practice Act, as directed by the Board.

A dental laboratory operator will be directly responsible for the quality of laboratory products made within his laboratory or under his supervision.

Each dental laboratory operator will, when applying for his annual renewal of certification, list employees of his dental laboratory. This is o include Certified Laboratory Technicians (N.C.) and other employees.

An individual acting as a dental laboratory operator without the proper credentials will be in violation of the law.

Resolutions

20. Resolved, that the recommendations of the sub-committee on Dental Laboratories and Dental Technicians contained in its report to the House of Delegates be approved, and be it further

Resolved, that the said recommendations be submitted to the Society's legal counsel and that he be instructed to prepare these in the proper

legal and statutory language, and be it further

Resolved, that the recommendations as prepared by legal counsel be submitted to the Legislative Committee for enactment by the General

Assembly into the General Statutes of North Carolina.

21. Resolved, that the "Commission Concept" as described in detail in the report of the sub-committee on Dental Laboratories and Dental Technicians be referred to the Society's legal counsel to determine if this concept is legal and workable.

DENTAL PRACTICE ACT COMMITTEE—APPENDIX NO. 3 SUB-COMMITTEE ON SPECIALTY LICENSURE

OLIN W. OWEN, chairman

J. B. FREEDLAND

E. U. AUSTIN

Meetings: This committe met May 11, 1968, June 15, 1968 and August 31, 1968.

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Assignment: This committee was directed to study the Dental Practice Act as it relates to the specialties and to recommend changes in the statutes or regulations for the best interest of the profession.

Report of Study: After a comprehensive study, the committee recommends that the dental laws in North Carolina be amended to provide for specialty license. The proposed amendments follow.

Applicants: To be eligible to make application for a specialty license,

an applicant must meet the following requirements:

(1) He must be licensed for the practice of general dentistry in some other state and be eligible for licensure in the State of North Carolina or possess a license to practice General Dentistry in North Carolina.

(2) He must be a member in good standing of his national specialty as sociation and/or of the Specialty Board recognized by the Council on Dental Education of the American Dental Association and/or meets the educational requirements as stipulated by the Council on Dental Education.

Waiver Exceptions: The committee recommends the following waiver

exceptions:

(a) Orthodontics: Until January 1, 1967 candidates entering the preceptorship program operated by the American Association of Orthodontists may have the study and training of such program accepted as a substitute for a formal education program. (Note: Preceptorship candidates must be approved by the American Association of Orthodontists and have successfully met the qualifications before becoming eligible

for specialty licensure. (Reports of Councils, ADA, 1965, pg 36)

(b) Endodontics: In order to eliminate inequities still existing toward practitioners of endodontics who graduate from dental school during and after 1957, the requirements of two years of advance formal education should not be applied to candidates applying for certification to the American Board of Endodontics who have graduated from dental school in 1964 or prior thereto, provided such candidates meet all other requirements of the American Board of Endodontics. (Note: Limitations of practice in endodontics is not permitted unless such limitations was announced prior to January 1, 1965, or if the candidate has completed two academic years of advanced education, or holds a certificate as a diplomat of the American Board of Endodontics. (Resolution 103, 1966 for Transactions, ADA, pg 246)

(c) Any practictioner in the state of North Carolina who has limited his practice to any of the recognized special areas of dental practice, before this regulation is effective, may be granted a specialty license.

(d) The holder of a specialty license cannot return to general practice without possessing a license for general dentistry in the State of North Carolina. (See specialty licensure statute of the State of Michigan, Section 8 for information.)

Consultants: The committee recommends that, the State Board of Dental Examiners should be empowered to appoint consultants for the purpose of preparing and facilitating the examination of a candidate in any of the special areas of dental practice. It is suggested that three consultants in each of the special areas would be adequate. We suggest asking the specialty society, if in existance, to suggest or appoint these three men.

Examination: The committee recommends that applicants should be examined in those clinical and basic sciences pertinent to the respective special area of dental practice. The state board should establish guidelines under which the examination will be conducted and that prior to the examination, the consultant examiners are to submit an outline of their proposed examination to the North Carolina State Board of Dental Examiners for their approval.

Specialty Areas: The committee recommends licensure in the eight specialty areas defined in the 1966 Transactions of the ADA, pages 24

and 25 as follows: Dental Public Health, Endodontics, Oral Pathology, Dral Surgery, Orthodontics, Pedodontics, Periodontology, and Prostholontics.

Auxiliary Personnel: The committee recommends that the duties of uxiliary personnel in any of the special areas of dental practice should be consistent with those duties normally attendant in the general practice of dentistry, e.g., taking of radiographs, instruction in home care, intraoral and extraoral photographs, etc.

Resolutions

22. Resolved, that the recommendations contained in the report of the sub-committee on Specialty Licensure be approved, and be it further

Resolved, that the said recommendations be submitted to the Society's egal counsel and that he be requested to prepare them in proper legal

and statutory language, and be it further

Resolved, that the recommendations as prepared by legal counsel be submitted to the Legislative Committee for enactment by the General Assembly into the General Statutes of North Carolina.

DENTAL PRACTICE ACT COMMITTEE—APPENDIX NO. 4 SUB-COMMITTEE ON GENERAL DENTISTRY

RALPH D. COFFEY, chairman

M. W. CARPENTER T. G. COLLINS R. A. GEORGE PAUL E. COTTER JAMES L. COX C. W. HORTON

Meetings: The committee met in Wilmington, Asheville, Chapel Hill, and Raleigh.

Assignment: The committee was directed to study the Dental Practice Act and recommend any amendments pertaining to general dentistry in the best interest of the profession.

Result of Study: In January the Board of Dental Examiners submitted proposed changes in the Dental Practice Act, and the committee approved the changes by mail ballot.

Recommendations: The committee recommends that the House of Delegates approve the revisions in the dental laws of North Carolina proposed by the Board of Dental Examiners. A copy is attached to this report.

Resolutions

23. **Resolved**, that revisions in the dental laws of North Carolina recommended by the sub-committee on General Dentistry in its report to the House of Delegates be approved, and be it further

Resolved, that the said revisions be submitted to the Society's legal counsel and that he be requested to prepare them in proper legal and

statutory language, and be it further

Resolved, that the revisions prepared by legal counsel be submitted to the Legislative Committee for enactment by the General Assembly into the General Statutes of North Carolina.

NORTH CAROLINA DENTAL PRACTICE ACT

Changes and amendments suggested by the North Carolina State Board of Dental Examiners January 14, 1969 and approved by the Sub-Committee on General Dentistry in its report to the 1969 House of Delegates

(1) Section 90-29 should be revised and re-written as follows:

90-29 (a) Necessity for license: No person shall engage in the practice 10 of dentistry in this State, or offer or attempt to do so, unless such person is the holder of a valid license or certificate of renewal of license duly issued by the North Carolina State Board of Dental Examiners.

(b) Dentistry Defined: A person shall be deemed to be practicing dentistry in this State who does, undertakes or attempts to do, or claims the ability to do any one or more of the following acts or things which,

for the purposes of this article, constitute the practice of dentistry;

(1) Diagnoses, treats, operates, or prescribes for any disease, disorder, pain, deformity, injury, deficiency, defect, or other physical condition of the human teeth, gums, alveolar process, jaws, maxilla, mandible, or adjacent tissues or structures of the oral cavity

(2) Removes stains, accretions or deposits from the human teeth;
 (3) Extracts a human tooth or teeth;

(4) Performs any phase of any operation relative or incident to the replacement or restoration of all or a part of a human tooth or teeth with any artificial substance material or device.

(5) Corrects the malposition or malformation of the human teeth: (6) Administers an anesthetic of any kind in the treatment of dental

or oral diseases or physical conditions, or in preparation for or incident to any operation within the oral cavity;

(7) Takes or makes an impression of the human teeth, gums, or

(8) Makes, builds, constructs, furnishes, processes, reproduces, repairs, adjusts, supplies or professionally places in the human mouth prosthetic denture, bridge, appliance, corrective device, or other structure designed or constructed as a substitute for a natural human tooth or teeth or as an aid in the treatment of the malposition or malformation of a tooth or teeth, except to the extent the same may lawfully be performed in accordance with the provisions of G. S. Sections 90-29.1 and in

(9) Uses a Roentgen or X-ray machine or device for dental treatment or diagnostic purposes, or gives interpretations or readings of dental

Roentgenograms or X-rays:

(10) Performs or engages in any of the clinical practices included in

the curricular of recognized dental schools or colleges;

(11) Owns, manages, supervises, controls or conducts, either himself or by and through another person or other persons, any enterprise wherein any one or more of the acts or practices set forth in subsections (1) through (10) above are done, attempted to be done, or interpretable to the sections (1) through (10) above are done, attempted to be done, or interpretable to the sections (11) through (10) above are done, attempted to be done, or interpretable to the sections (12) through (10) above are done, attempted to be done, or interpretable to the section of the section represented to be done:

(12) Uses, in connection with his name, any title or designation, such as "dentist," "dental surgeon," "doctor or dental surgery," "D.D.S.," "D.M.D.," or any other letters, words or descriptive matter which, in any manner, represents him as being a dentist able or qualified to do or perform any one or more of the acts or practices set forth

in subsections (1) through (10) above.

(13) Represents to the public, by any advertisement or announcement, by or through any media, the ability or qualification to do or, perform any of the acts or practices set forth in subsection (1) through (10) above.

(c) Exceptions: Nothing in this article or in this section shall apply to the following acts, practices, or operations:

(1) Any act by a duly licensed physician or surgeon performed in the

practice of his profession;

(2) Dental relief, other than the restoration, reproduction or replacement of a tooth or teeth or a part or parts thereof, rendered in emergency cases by a duly licensed physician or surgeon;

(3) The practice of dentistry, in the discharge of their official duties, by dentists in any branch of the military service of the United States

or in the full time employ of any agency of the United States:

(4) The teaching of dentistry, in dental schools or colleges operated

nd conducted in this State and approved by the North Carolina State Board of Dental Examiners, by any person or persons licensed to pracice dentistry anywhere in the United States or in any country, territory r other recognized jurisdiction; provided, however, that such teaching of lentistry by any person or persons licensed in any jurisdiction other han a place in the United States must first be approved by the North

Carolina State Board of Dental Examiners.

(5) The practice of dentistry, as a part of their course of instruction, y students enrolled in dental schools or colleges operated and conlucted in this State, and approved by the North Carolina State Board of Dental Examiners, when such practice is performed under the superviion of a dentist acting as teacher or instructor who is duly licensed in North Carolina or qualified under subparagraph (4) above as a teacher; and, the practice of dentistry by such students, following the satisfactory ompletion of third year dental school requirements, upon the patients or nmates of an institution wholly owned, operated and supported by the State of North Carolina or a political subdivision thereof, when such practice is a part of the course of instruction of said students, is performed inder the supervision of a duly licensed dentist acting as teacher or intructor, and is without remuneration;

(6) The temporary practice of dentistry by licensed dentists of another tate or of any territory or country when the same is performed, as linicians, at meetings of organized dental societies, associations, colleges or similar dental organizations, or when such dentists appear in emergency cases upon the specific call of a dentist duly licensed to practice

n this State:

(7) The practice of dentistry by a person who is a graduate of a dental chool or college approved by the North Carolina State Board of Dental Examiners and who is not licensed to practice dentistry in this State, when such person is the holder of a valid intern permit or provisional icense issued to him by the North Carolina State Board of Dental Exminers pursuant to the terms and provisions of this Article, and when such practice of dentistry complies with the conditions of said intern permit or provisional license;

(8) Any act or acts performed by a dental hygienist licensed to practice n this State when such act or acts are lawfully performed pursuant to he authority of Article 16 of this Chapter 90 or the rules and regulations

of the Board;

(9) Any act or acts performed by an assistant to a dentist licensed to practice in this State when said act or acts are authorized and pernitted by and performed in accordance with rules and regulations promul-

gated by the Board:

(10) The extraoral construction, manufacture, fabrication or repair of prosthetic dentures, bridges, appliances, corrective devises, or other strucures designed or constructed as a substitute for a natural human tooth or teeth or as an aid in the treatment of the malposition or malformation of a tooth or teeth, by a person or entity not licensed to practice dentistry n this State, when the same is done or performed solely upon a written work order in strict compliance with the terms, provisions, conditions and requirements of Sections 90-29.1 and 90-29.2 of this Article.

(II) 90-29.3 Intern Permit: The North Carolina State Board of Dental Examiners may, in the exercise of the discretion of said Board, issue to a person who is not licensed to practice dentistry in this State and who is a graduate of a dental school, college, or institution approved by said Board, an intern permit authorizing such person to practice dentistry under the supervision or direction of a dentist duly licensed to prac-

tice in this State, subject to the following particular conditions:

(1) An intern permit shall be valid for no more than one year from the date of issue thereof; provided, however, that the Board may, in its discretion, renew such permit for two additional one year periods; and, provided further, that no person shall be granted an intern permit or intern permits embracing or covering an aggregate time span of more than thirty-six calendar months.

(2) The holder of a valid intern permit may practice Dentistry only

under the supervision or direction of one or more dentists duly licensed

to practice in this State:

(3) The holder of a valid intern permit may practice dentistry only (a) as an employee in a hospital, sanatorium, or a like institution which is licensed or approved by the State of North Carolina and approved by the North Carolina State Board of Dental Examiners; or (b) as an employee of the State of North Carolina or an agency or political subdivision thereof, or any other governmental entity within the State of North Carolina when said employment is approved by the North Carolina when said employme lina State Board of Dental Examiners;

(4) The holder of a valid intern permit shall receive no fee or fees or compensation of any kind or nature for dental services rendered by him other than such salary or compensation as might be paid to him by the entity specified in sub-section (3) above wherein or for which said

services are rendered;

(5) The holder of a valid intern permit shall not, during the term of said permit or any renewal thereof, change the place of his internship without first securing the written approval of the North Carolina State

Board of Dental Examiners;

(6) The practice of dentistry by the holder of a valid intern permit shall be strictly limited to the confines of and to the registered patients of the hospital, sanatorium or institution to which he is attached or to the persons officially served by the governmental entity by whom he is employed;

(7) Any person seeking an intern permit shall first file with the North Carolina State Board of Dental Examiners such papers and documents as are required by said Board, together with the application fee set forth in Section 90-39 of this Article; a fee established in 90-39 shall

be paid for any renewal of said intern permit:

Such person shall further supply to the Board such other documents,

materials or information as the Board may request;

(8) Upon the recommendation or direction of any licensed dentist under whose supervision the holder of a valid intern permit is practicing, the administrative head of the hospital, sanatorium or institution to which he is attached, the administrative head of the governmental entity by whom he is employed, or for any cause satisfactory to the Board, such intern permit may immediately be revoked and declared void by said Board in the exercise of its discretion without prior notice to the holder thereof, notwithstanding contrary provisions of this article and Chapter 150:

(9) Any person seeking an intern permit or who is the holder of a valid intern permit shall comply with such limitations as the North Carolina State Board of Dental Examiners may place or cause to be placed, in writing, upon such permit, and shall comply with such rules and regulations as the Board might promulgate relative to the issuance and maintenance of said permit in the practice of dentistry relative to the

same.

(III) 90-29.4 **Provisional License:** (a) The Board may, in its discretion, issue a provisional license to practice dentistry to any person who is licensed to practice dentistry anywhere in the United States or in any country, territory or other recognized jurisdiction, if the Board shall determine that said licensing jurisdiction imposed upon said person requirements for licensure no less exacting than those imposed by this State. A Provisional licensee may engage in the practice of dentistry only in strict accordance with the terms, conditions and limitations of his license and with the rules and regulations of the Board pertaining to provisional licenses.

(b) A provisional license shall be valid until the date of the announcement of the results of the next succeeding Board examination of candidates for licensure to practice dentistry in this State, unless the

same shall be earlier revoked or suspended by the Board.

(c) No person who has failed an examination conducted by the North Carolina State Board of Dental Examiners shall be eligible to receive a provisional license.

(d) Any person desiring to secure a provisional license shall make aplication therefor in the manner and form prescribed by the rules and egulations of the Board and shall pay the fee prescribed in Section

0-39 of this Article.

(e) Notwithstanding any provisions of this article and of Chapter 150 o the contrary, the Board shall have the right, power and authority, vithout notice or hearing, to revoke or suspend any provisional license olely in accordance with rules and regulations established by the Board or that purpose.

- (IV) Section 90-41 of the Act is so vague, uncertain and limited in its application as to be almost without any real effect. It should be combletely re-written as follows:
- 90-41. Disciplinary action: (a) The North Carolina State Board of Dental Examiners shall have the power and authority to refuse to issue I license to practice dentistry, to refuse to issue a certificate of renewal of a license to practice dentistry, and to revoke or suspend the license of a dentist or invoke such other disciplinary measures, censure, or professional probative terms against a licensed dentist as it deems fit and proper in any instance or instances in which the Board is satisfied that such applicant or licensee:

(1) Has engaged in any act or acts of fraud, deceit or misrepresentation in obtaining or attempting to obtain a license or the renewal thereof;

(2) Is a chronic or persistent user of intoxicants, drugs or narcotics to the extent that the same impairs his ability to practice dentistry;
(3) Has been convicted of any of the criminal provisions of this Article or has entered a plea of guilty or nolo contendere to any charge or charges arising therefrom;

(4) Has been convicted of or entered a plea of guilty or nolo contendere to any felony charge or to any misdemeanor charge involving

moral turpitude;

(5) Has been convicted of or entered a plea of guilty or nolo contendere to any charge of violation of any state or federal narcotic or barbiturate law;

(6) Has engaged in any act or practice violative of any of the provisions of this Article or violative of any of the rules and regulations promulgated and adopted by the Board, or has aided, abetted or assisted

any other person or entity in the violation of the same;

(7) Is mentally, emotionally, or physically unfit to practice dentistry or is afflicted with such a physical or mental disability as to be deemed dangerous to the health and welfare of his patients. An adjudication of mental incompetency in a court of competent jurisdiction or a determination thereof by other lawful means shall be conclusive proof of unfitness to practice dentistry unless or until such person shall have been subsequently lawfully declared to be mentally competent;

(8) Has employed or procured any person to obtain or solicit professional patronage or has personally solicited professional patronage;

(9) Has permitted the use of his name, diploma or license by another person either in the illegal practice of dentistry or in attempting to fraudulently obtain a license to practice dentistry;

(10) Has engaged in such immoral conduct as to discredit the dental

profession;

(11) Has, by reason of ignorance, incompetency or neglect, maltreated any patient;

(12) Has obtained or collected or attempted to obtain or collect any

fee through fraud, misrepresentation, or deceit;

(13) Has performed or committed any act or acts in the practice of dentistry deemed by the Board to be of a lesser quality than that generally followed and accepted by persons licensed to practice dentistry in this State or to be of such an inferior quality as not to be condoned or approved by current teachings at recognized dental schools or colleges;

(14) Has been negligent in the practice of dentistry;

(15) Has employed a person not licensed in this State to do or per-

form any act or service, or has aided, abetted or assisted any such unlicensed person to do or perform any act or service which under this darticle or under Article 16 of this Chapter, can lawfully be done or performed only by a dentist or a dental hygienist licensed in this State; is (16) Is incompetent in the practice of dentistry;

(17) Has practiced any fraud, deceit or misrepresentation upon the public or upon any individual in an effort to acquire or retain any individual in an effort acquire or retain any individual in an effort acquire or retain any individual in an effort acquire or retain any individual and individual in an effort acquire or retain any individual acquire or retain acquire or retain any individual acquire or retain
patient or patients;

(18) Has made fraudulent or misleading statements pertaining to his skill, knowledge, or method of treatment or practice;

(19) Has committed any fraudulent or misleading acts in the prac-

tice of dentistry;

(20) Has, directly or indirectly, advertised in any manner for professional patronage or business; provided, however, that it shall not be considered advertising for a dentist, duly licensed to practice in this (State, to place his name, office address, telephone number, and office hours in an approved register or other publication, or to place his name, office, or to place his name before the public in any other manner expressly in approved by the Board;

(21) Has, in the practice of dentistry, committed an act or acts con-

stituting malpractice;

(22) Has used or permitted another to use his name, as a dentist, in

promoting the sale or advertisement of any product or service;

(23) Has permitted a dental hygienist or a dental assistant in his employ or under his supervision to do or perform any act or acts violative of this Article, or of Article 16 of this Chapter, or of the rules and regulations promulgated by the Board;

(24) Has wrongfully or fraudulently or falsely held himself out to be or represented himself to be qualified as a specialist in any branch of

dentistry

(25) Has persistently maintained, in the practice of dentistry, unsanitary offices, practices, or techniques:

(26) Is a menace to the public health by reason of having a com-

municable disease:

(27) Has distributed or caused to be distributed any intoxicant, drug

or narcotic for any other than a lawful purpose; or

(28) Has engaged in any unprofessional conduct as the same maybe, from time to time, defined by the rules and regulations of the Board.

(b) If any person engages in or attempts to engage in the practice of

(b) If any person engages in or attempts to engage in the practice of dentistry while his license is suspended, his license to practice dentistry

in the State of North Carolina may be permanently revoked.

(c) The Board may, on its own motion, initiate the appropriate legal proceedings against any person, firm or corporation when it is made to appear to the Board that such person, firm or corporation has violated

any of the provisions of this Article.

(d) The Board may appoint, employ or retain an investigator or investigators for the purpose of examining or inquiring into any practices committed in this State that might violate any of the provisions of this Article or any of the rules and regulations promulgated by the Board.

(e) The Board may employ or retain legal counsel for such matters

and purposes as may seem fit and proper to said Board.

(V) Designate existing 90-41.1 as 90-41.1 (a) and add the following subsections:

Section 90-41.1: (b) In lieu of or as a part of such hearing and subsequent proceedings, the Board is authorized and empowered to enter any consent order relative to the discipline, censure, or probation of a licensee or an applicant or to the revocation or suspension of a license

licensee or an applicant or to the revocation or suspension of a license.

(c) Following the service of the notice of hearing as required by Chapter 150. the Board and the person upon whom such notice is served shall have the right to conduct adverse examinations, take depositions, and engage in such further discovery proceedings as are permitted by

he laws of this State in civil matters. The Board is hereby authorized nd empowered to issue such orders, commissions, notices, subpoenas, or ther process as might be necessary or proper to effect the purposes of his sub-section; provided, however, that no member of the Board shall e subject to examination hereunder.
(VI) The present provision of G. S. Section 90-34 are unconstitutional

and that section of the statute should be re-written as follows:

Section 90-34. Refusal to grant renewal of license: For non-payment of the fee or fees required by Section 90-31 of this Article, or for violaion of any of the terms and provisions of Section 90-41 of this Article, he North Carolina State Board of Dental Examiners may refuse to issue certificate of renewal of license.

(VII) New Section: No member of the North Carolina State Board of Dental Examiners, either during his term of office or thereafter, shall be subject to civil liability of any kind or nature whatsoever for any act or acts performed in the course and scope of the official duties or funcions of said Board.

(VIII) Add to Section 90-43 last paragaph the following:

"and employ such personnel as it may deem requisite to assist in carrying out the administrative functions required by this Article and by the Board.

SUB-COMMITTEE ON GENERAL DENTISTRY

Supplemental Report 1

90-22. The Committee considered a proposal to increase the number of members of the State Board of Dental Examiners from 6 to 9. However, the Committee does not recommend this amendment.

The Committee recommends that 90-22 be amended as follows:

- (c) (1) add "and provide that a person nominated to the Board of Dental Examiners be notified in writing.'
- 90-29. The Committee recommends the following amendments to 90-29: (b) (14) The Dental Practice Act shall include the licensure of Specialists in the fields of: oral surgery, orthodontia, periodontia, pedodontia, prosthodontia, oral pathology, public health, and endodontia.
- 90-29.3. The Committee recommends amending 29.3 to provide that no intern permit shall be issued to a person who has failed the Board examination.
- 90-31. The Committee recommends amending 90-31 to provide that the application for renewal of license request the applicant to indicate whether he is actively practicing dentistry.
- 90-39. The Committee recommends that 90-39 be amended to provide a maximum fee of \$100 for examination and renewal of license.
- 90-44. The Committee recommends that 90-44 be amended to require the Board to submit its full annual report to the Governor by July 31.

Rules and Regulations: The Committee recommends that the Board amend its rules and regulations to provide that:

(1) The Board utilize the services of a practicing dental hygienist as a

consultant to the Board.

(2) The Board employ an Executive Secretary to administer Board affairs.

Resolutions

28. Resolved. That the revisions in the dental laws of North Carolina recommended by the sub-committee on General Dentistry in its supplemental report 1 to the House of Delegates be approved, and be it further Resolved, that the said revisions be submitted to the Society's legal counsel and that he be requested to prepare them in proper legal and statutory language, and be it further

Resolved, that the revisions prepared by legal counsel be submitted to the Legislative Committee for enactment by the General Assembly into the General Statutes of North Carolina.

DENTAL PRACTICE ACT COMMITTEE—APPENDIX NO. 5 SUB-COMMITTEE ON DENTAL ASSISTING

BENNIE D. BARKER, chairman

ROGER E. BARTON

MISS EDNA ZEDAKER

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Meetings: This committee met September 15, December 5, 1968 and March 15, 1969.

Assignment: To study the Dental Practice Act as it related to dental V. assisting and to make recommendations for the best interest of the dental profession and dental assistants.

Report of Study: The 1968 House of Delegates of the North Carolina Dental Society passed the following resolution:

8-1968-H. Resolved, that the State Board of Dental Examiners be requested to consider amending its rules and regulations pertaining to dental assistants to include the recommendations in the report of the sub-committee on Dental Assisting. This resolution has been under continual study by the State Board of Dental Examiners, the Executive Committee of the North Carolina Dental Society and the Dental Practical Committees. tice Act Committee.

The intent and purpose of this report passed by the House of Delegates of the North Carolina Dental Society has not been met in full by

the State Board of Dental Examiners.

Resolutions

24. Resolved, that the report submitted by the Dental Assistants Committee to study the Dental Practice Act and approved by resolution 8-1968-H of the House of Delegates be amended as follows:

1. Based upon education, training and experience, a Dental Assistant shall be categorized as a Category I or a Category II Dental Assistant.

II. DEFINITIONS:

A. A Category I Dental Assistant is a Dental Assistant who has not completed an education and training program accredited by the Council on Dental Education of the American Dental Association, or one who is not certified by the Certifying Board of the American Dental Assistants Association, or one who is not eligible for certification by the Certifying Board of the American Dental Assistants Association, or who has not been employed as a Dental Assistant for at least three (3) years prior to January 1, 1973; provided, further, that any person employed as a Dental Assistant on or subsequent to January 2, 1970, without first completing an education and training program accredited by the Council on Dental Education of the American Dental Association shall be and remain a Category I Dental Assistant until such time as said person shall be eligible for certification by the Certifying Board of the American Dental Assistants Association.

B. A Category II Dental Assistant shall be a Dental Assistant who has completed an education and training program accredited by the Council n Dental Education of the American Dental Association, or is certified y the Certifying Board of the American Dental Assistants Association, r is eligible for certification by the Certifying Board of the American Dental Assistants Association, or who has been employed as a Dental Assistant for at least three (3) years prior to January 1, 1973.

II. FUNCTIONS OF DENTAL ASSISTANTS:

- A. Category I Dental Assistant: The Category I Dental Assistant may to and perform those functions, generally ascribed to Dental Assistants uch as housekeeping, reception, telephone and appointment services, susiness management, and laboratory procedures. A Category I Dental Assistant may also assist a licensed dentist in operatory procedures so ong as the acts and functions of said Dental Assistant in so doing do not constitute acts included within the definition of the practice of lentistry as set forth in the General Statutes of the State of North Carolina or in the rules and regulations of this Board.
- B. Category II Dental Assistant: A Category II Dental Assistant may lo and perform any and all acts or functions which may be done or performed by a Category I Dental Assistant. In addition, licensed dentists are permitted to delegate appropriate functions, including the taking of X-rays, topical fluoride applications and application of topical anesthetics, only to those individuals who qualify for Dental Assistant II designation. These delegated functions must be performed under the direct supervision of the dentist (direct supervision means that the dentist is in the office at the time the procedure is accomplished). Those functions considered nappropriate for delegation are:

A. Examination, diagnosis and treatment planning.

B. Cutting or surgical procedures on hard and soft tissues.
C. Those restorative, prosthetic, orthodontic, and other procedures

which require the professional education and skill of the dentist; and, which directly affect the dental health and physiologic well being of the patient.

D. Decisions as to drugs and their dosage, prescription writing and

work authorizations.

25. **Resolved**, that the amended report be submitted to the Society's legal counsel and that he be requested to prepare it in legal statutory language and be it further

Resolved, that the report as prepared by the legal counsel be submitted to the Legislative Committee for enactment by the General As-

sembly into the General Statutes of North Carolina.

DENTAL SERVICE CORPORATION COMMITTEE

Roy L. LINDAHL, chairman

GLEN F. BITLER F. A. BUCHANAN JOHN H. DIXON CHARLES P. GODWIN JAMES B. HOWELL RICHARD S. HUNTER
PEARCE ROBERTS, JR.
FREEMAN C. SLAUGHTER
JAMES M. ZEALY
E. N. PRIDGEN

W. STEWART PEERY

Meetings: No formal meetings of the total committee were held during the year.

Assignments: None from 1968 House of Delegates.

The activities of the committee have been directed to attempt to establish actuarial data needed to satisfy the Insurance Commissioner of the State of North Carolina. Accordingly, each member of the Society was requested to submit a profile of his fees for this purpose. The information was tallied by the chairman of the committee and forwarded to

San Francisco where the actuarial data is being compiled. It is expected that the information will be forthcoming soon after which the committee will need to become very active to pursue its goal of the establishment of the North Carolina Dental Service Corporation.

Resolutions

This report is informational in nature and no resolutions are presented.

ETHICS COMMITTEE

CHARLES W. HORTON (1973), chairman

C. Z. CANDLER, JR. (1969) ELLIOT R. MOTLEY (1970) NEWTON E. SMITH (1972) DARDEN J. EURE (1971) ence

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Meetings: No formal meetings of the committee were required. Work of the committee was conducted by telephone and by letter in each attention instance.

Assignments: The committee received no assignments from the 1968 House of Delegates. One assignment for investigation and a ruling was referred by the president. Several complaints or alleged infractions were received by the chairman. After consultation with committee members, these complaints were either referred to the local or district Ethics Committees for investigation and settlement, or rulings made directly by the N. C. Dental Society Ethics Committee.

The chairman gave one lecture consisting of one class period to senior

The chairman gave one lecture consisting of one class period to senior dental students at the U.N.C. School of Dentistry on the Code of Ethics. The chairman feels the time is inadequate to give a complete presentation.

Resolutions

This report is informational in nature and no resolutions are presented. $\fill \fill \fi$

FEDERAL DENTAL SERVICE COMMITTEE

T. EDWIN PERRY, chairman

CAREY T. WELLS, JR. BAXTER B. SAPP, JR.

W. F. YELTON COYTE R. MINGES

Meetings: No formal committee meetings have been held.

Assignments: The duties of this committee are:

a. To act in liaison capacity to the Veterans Administration.

b. To formulate programs for the participation of dentists in disaster preparedness programs.

c. To review and study programs of dental care for members of the Federal Dental Services and their dependents.

Activities: The Basic Dental Fee Schedule of the Veterans Administration became effective July 1, 1968. Because that schedule was newly in effect, it was not reviewed this year.

No changes were made in existing disaster preparedness assignments

or procedures, thus no action.

The Wayne County Dental Society has indicated that it is making inquiries into the possibilities of having the existing "remote" classification of the Seymour Johnson AFB revised. The inquiries were made known through telephone communication with the Executive Secretary's office. No formal action has been taken.

Resolution

This report is informational in nature and no resolutions are presented.

HOSPITAL DENTAL SERVICE COMMITTEE

JAMES M. ZEALY, chairman

W. D. YELTON T. A. SMITH

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R. J. HARNED JERE ROE

Meetings: The committee held meetings on October 26, 1968 at Winstonalem and on December 8, 1968 at Raleigh (District Officers Confernce).

Objectives: The objectives of the committee are:

1. To stimulate interest by hospitals having non certified dental deartments, in gaining department approval by the Council.

2. To clarify the position of the NCDS in regard to needs for dental

are in licensed nursing homes.

3. To aid hospitals with dental departments accredited by the American lental Association Council on Hospital Dental Service renew their certifiation.

Results: In the meeting in Winston-Salem, October 26, it was decided o delegate to a committee member full responsibility for each request or hospital certification renewal arising in his district and to make him esponsible for taking care of the needs of hospitals requesting approval

or previously non-certified dental departments.

Each district president appointed a sub-committee to the Hospital Dental Services Committee of the NCDS at the request of the chairman f the Hospital Dental Services Committee. This Committee worked to telp fulfill the objectives of the State Committee in all matters coming under State Committee's jurisdiction.

Resolutions

13. **Resolved**, that each district president be requested to appoint a committee to work with and under the state committee on Hospital Dental Service.

INSURANCE COMMITTEE

J. S. D. Nelson (1973), chairman

T. L. BLAIR (1969) JOHN S. DILDAY (1971) W. A. MYNATT (1970) DONALD L. HENSON (1972)

Meetings: The committee held three meetings — May 26, 1968, August 25, 1968, and February 16, 1969.

Assignment: The 1968 House of Delegates adopted the following resolution:

9-1968-H. Resolved, that the North Carolina Dental Society adopt the office overhead insurance program with Mutual of Omaha as approved by the Insurance Committee.

Major Medical Plan Terminated: In July 1968 Insurance Company of North America notified the committee that because of a high loss ratio the Group Major Medical Plan underwritten by that company and sponsored by the Society would be terminated on the next anniversary dates (October 15, 1968 in Districts 2 through 5, and December 1, 1968 in District 1). The Executive Committee instructed the Insurance Committee to seek a replacement.

Blue Cross and Blue Shield Plan: On August 25, 1968 the Insurance Committee met jointly with the Executive Committee. After carefully

considering several Major Medical proposals, a group health insurance plan with extended benefits underwritten by Blue Cross and Blue Shield of North Carolina, Inc., was selected to replace the INA Major Medical coverage. This plan has been successfully introduced to the membership. By January 10, 1969 1,023 were enrolled, including 751 dentists and 272 employees.

Overhead Expense Protection: In compliance with the directive by the House of Delegates an Overhead Expense Protection plan underwritten by Mutual of Omaha was offered to the membership in September, 1968. The company agreed that if 526 applications were received during a 6 month charter enrollment period ending March 1, 1969, then all eligible members under 69 years of age would be accepted regardless of medical history during a 60 day open enrollment period. Subsequently, the company agreed to extend the charter enrollment period 60 days to May 1, 1969.

Disability Program: Effective with the December, 1968 anniversary date of the policy the Group Disability Program administered by J. L. Crumpton of Durham was guaranteed renewable to age 70. Members are now assured that their protection will continue in full effect until they become 70 years old.

Resolutions

This report is informational in nature and no resolutions are presented.

INSURANCE COMMITTEE

Supplemental Report 1

Since filing the initial report the Committee has received a proposal from North Carolina Blue Cross and Blue Shield, Inc., for a new contract to replace the current group hospital-medical plan. The new contract offers substantial increases in benefits and the premiums are less in all categories except the family plan under Class I where the quarterly premium is only 66 cents more. The company advises that the new contract can be made effective by October 15, 1969.

Information on the new plan will be distributed to the members of the House of Delegates, including a comparison of the benefits offered

under the new contract with those under the current plan.

The Committee recommends that this new contract be approved.

30. Resolved, that the Insurance Committee be authorized, to accept the new group hospital — medical plan proposed by North Carolina Blue Cross and Blue Shield, Inc.

LEGISLATIVE COMMITTEE

MOTT P. BLAIR, chairman

C. B. TAYLOR L. C. HOLSHOUSER H. ROYSTER CHAMBLEE PAUL E. JONES

Legislative Objectives: The Legislative Committee has been actively supporting the following legislation in the 1969 General Assembly:

(1) Professional Incorporation Act (HB 208)

(2) Request of the State Board of Health for \$45,000 to aid communities to fluoridate their public water supply.

(3) An appropriation of \$11.2 million for a dental care program under

Title XIX

The Committee is aware that the Dental Practice Act Committee is

reparing amendments to the dental laws of North Carolina. The Comlittee will be prepared to submit this legislation to the General Assemly when the amendments are completed.

Liaison Dentists: The Committee is indebted to 154 dentists who have greed to serve in liaison capacity to all the members of the General ssembly. To date, it has not been necessary to use these liaison dentists xcept in a very limited way. It is very probable that all of them will e called into action before the General Assembly adjourns. The Comhittee appreciates their standing by.

Professional Incorporation Act: In cooperation with the North Carolina ssociation of Professions, the Committee is supporting a Professional ncorporation Act (HB 208) which will permit dentists and other proessional people to incorporate and thus gain tax savings and investment enefits.

The bill was introduced in the House by Representative Sam Johnson f Wake County on February 24. An identical bill was introduced in ne Senate by Senator William W. Straton of Burlington. Subsequently, ne House approved the bill after several technical amendments were nade. The bill is now in the Senate Judiciary II Committee. It is anticiated that the bill will be treated favorably by the Committee and the lenate.

Fluoridation Funds: A request for \$45,000 by the State Board of Health o provide matching funds to communities which fluoridate their water upply was turned down by the Advisory Budget Committee. Efforts are eing made to urge the Commission to restore these funds. The Comnittee is supporting these efforts.

Medicaid: An \$11.2 million dental care program under Title XIX has een recommended by the Advisory Budget Committee. Dr. E. U. Austin, hairman, Dental Care Programs Committee testified in behalf of the rogram before the Joint Appropriations Committee on March 13.

The General Assembly must implement Title XIX (Medicaid) by anuary 1, 1970 or all federal aid to North Carolina for categorical ecipients will be cut off by 1975.

It is anticipated that the General Assembly will enact Title XIX legisation before it adjourns. The Committee is making every effort to inure that an adequate dental care program will be included.

Resolutions

This report is informational in nature and no resolutions are presented.

MEMBERSHIP COMMITTEE

Frank G. Atwater, chairman

GENE L. REESE WILLIAM H. PRICE

W. Kenneth Young JOHN N. DENNING

WALTER S. LINVILLE, JR.

Membership 1968: As of December 31, 1968, there were 1,431 members in good standing, a net gain of 29 members during the year as shown below:

Membership, December 31, 1967	1,401
New Members 46	
Reinstated members	53
	1 454

Losses		
Deceased	12	
Resigned	3	
Dropped from Roll	8	
Retired Roll	1	24
		
Membership, December 31, 1968		1,430

Membership by Districts, December 31, 1968

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Active	Life	Total
256	23	279
316	48	364
304	31	335
201	26	227
190	35	225
	—	
1,267	163	1,430
	256 316 304 201	256 23 316 48 304 31 201 26 190 35

Retired Roll: On December 31, 1967 there were six members on the retired roll. One was added during the year making a total of seven as of December 31, 1968.

ADA Life Members: On December 31, 1967 there were 172 ADA Life members. During 1967 seven ADA life members died and one transferred to the retired roll, leaving a total of 164 ADA life members on December 31, 1968.

Nine members qualified for ADA life membership in 1967, effective in 1968. They are: Isaac A. Booe, King; William J. McDaniel, Rutherfordton; J. Homer Guion, Charlotte; Harry A. Karesh, Greensboro; Robert E. Long, Statesville; William A. Matheson, Boone; Robert P. Melvin, Winston-Salem; Samuel W. Shaffer, Greensboro; and Marcus R. Smith, Raeford.

Since January 1, 1968, two ADA life members have died leaving a total of 171 ADA life members on April 1, 1969.

Membership 1968: Since January 1, 1969, six members have resigned, three have died, leaving a total membership of 1,421 as of April 1, 1969. Of that number 1,395 are in good standing and 21 are delinquent. A breakdown by Districts as of April 1 follows:

District	Active	Life	Delinquent	Total
First	246	24	6	276
Second	304	51	10	365
Third	292	34	3	329
Fourth	198	27	2	227
Fifth	186	33	5	224
	1,226	169	$\frac{\overline{26}}{26}$	1,421

Resolutions

17. **Resolved**, that it be made a matter of record that the following did not pay 1968 dues by December 31, 1968, and have been dropped from the roll according to Article VI, Section 6 of the *Bylaws*:

First District —J. E. Hair, Canton
Second District—Robert H. Libby, Charlotte
Curtis S. Reid, Winston-Salem
Roy W. Wilson, Charleston, S. C.
Third District —J. J. Wilson, High Point
Fourth District —Thomas H. Fetzer, Raleigh
John T. Fox, Selma
Fifth District —W. B. Belois, Wilmington

PUBLIC RELATIONS COMMITTEE

L. P. MEGGINSON, JR., chairman

J. DONALD KISER DAVID H. FRESHWATER RICHARD S. HUNTER WILLIAM S. PREVOST, JR.

The committee is pleased to announce that Mrs. Bernadette Hoyle of aleigh will handle all publicity releases on the 1969 Annual Session. rs. Hoyle is an experienced reporter, writer, and photographer. The mmittee feels fortunate in securing her services.

Mrs. Hoyle will prepare pre-convention releases and will be at Pinearst to file daily releases via the wire services during the convention. All stories will be checked by the Publicity Committee prior to release.

Resolutions

This report is informational in nature and no resolutions are presented.

RELIEF COMMITTEE

J. WILLIAM HEINZ, (1969), chairman

S. L. BOBBITT (1970) W. H. BREELAND (1971)

H. W. Gooding (1972) J. T. LASLEY (1973)

Meetings: The committee met on Tuesday, May 7, 1968.

Current Grants: On May 27, 1968 a relief grant to a member of the ourth District was approved by the ADA. He died on July 21, 1968. n September 26, 1968 a relief grant to his widow was approved for months, and renewed on March 20, 1969. Currently, she is the only ne receiving aid from the Relief Fund.

Applications Pending: There are two applications for a relief grant ow under investigation.

Facts and Figures: During 1967-68 North Carolina dentists contributed 2,035.00 to the ADA Relief Fund which was 116.3 per cent of its assigned 2,035.00 to the ADA Refler Fund which was 110.5 per cent of the sassigned uota of \$1,750.00. Seventy-five per cent of the total contributions (\$1,-26.25) was returned to the North Carolina Dental Society Relief Fund. In the 1968-69 campaign North Carolina exceeded its quota of \$1,-80.00 by the end of February, with contributions totalling \$1,094.50. With the approval of the House of Delegates proceeds from the Auxili-ry's 1968-69 Scrap Amalgam Drive will be donated to the N. C. Dental

Luxiliary Fund administered by the Dental Foundation of N. C., Inc.

Since 1954 the Auxiliary has contributed a total of \$37,081.89 to the elief Fund. The assets of the Relief Fund now total in excess of 50,000.00 and it was felt that for the present time at least, the proeeds from the Scrap Amalgam Drive could be put to better use in the Dental Auxiliary Fund.

During fiscal 1968-69 the Relief Fund will pay out in grants \$1,100.00.

Resolutions

This report is informational in nature and no resolutions are presented.

COMMITTEE ON RULES AND ORDER

JAMES H. EDWARDS, chairman

P. C. Purvis

GORDON L. TOWNSEND

H E. MAXWELL

Speaker of the House: Article III, Section 6 of the Bylaws provides hat: "The Speaker of the House shall preside at all meetings of the House of Delegates and shall determine the order of business for all meetings subject to the approval of the House of Delegates and shall perform such other duties as custom and parliamentary usage require. The decision of the Speaker shall be final unless an appeal from decision shall be made by a member of the House in which case final decision shall be by majority vote.

The above provision is interpreted by this committee to include authority of the Speaker to appoint a parliamentarian and such committees of the House as he deems necessary to expedite business. Further, the committee recommends that the Speaker be granted a vote

only in case of a tie.

Adoption of Agenda: The committee submits the agenda on pages iii and iv (blue sheets) for this session of the House of Delegates and recommends its approval as the official order of business.

Voting Procedures: The method of voting in the House will usually be indicated by the Speaker in the call for the vote: voice vote, hand vote, or rising vote. When a rising vote is called for, delegates are asked to remain standing until the count has been completed and the Speaker indicates that the voters may be seated.

A 90 per cent vote shall be interpreted as requiring 90 per cent of all

A two-thirds vote shall be interpreted as requiring two-thirds of all legal votes cast.

Recognition of Those Wanting to Speak: When a member wishes to address the House, he should secure the attention of the Speaker and not begin to speak until he has been recognized by the Chair. He should then state his name and his district for the benefit of the recorder.

Access to the Floor: Access to the floor of the House will be permitted only to Delegates, Officers, and Staff. Alternate Delegates and members of the Society will be seated in a special section of the House.

Attendance of Representatives of the Press: Members of the House will wish to be guided in their deliberations and debate by the knowledge that representatives of the press may be in the visitors gallery.

Introduction of New Business at Last Meeting: No new business, except the Report of the Clinic Board of Censors, shall be introduced into the House of Delegates at the final meeting of the House, unless by unanimous consent. Approval of such business shall require unanimous vote.

Privilege of the Floor: Article III, Section 6 of the Bylaws provides that: "Chairmen and members of committees who are not members of the House of Delegates shall have the right to participate in the debate of their respective reports, but shall not have the right to vote.

At the discretion of the Speaker, with the approval of the House, privilege of the floor may be granted to any member of the Society and Staff.

Minority Report: Attention is called to Article III, Section 2 of the Bylaws which states: "Ten members of the House of Delegates may file a minority report dissenting from the action of the House of Delegates and appeal to the General Session of the Society.

Reference Committees: All reports and resolutions of committees, except amendments or alterations to the Constitution and Bylaws, matters of ethics, and recommendations of the President, may be referred to reference committees appointed by the Speaker.

The standing Committee on Constitution and Bylaws will constitute the reference committee on amendments and alterations to the Constitu-

tion and Bulaws.

The standing Committee on Ethics shall constitute the reference committee on all matters pertaining to ethics.

The special Committee on the President's Address will constitute the eference committee on recommendations of the President.

Roll Call: The roll will be called by the Secretary-Treasurer at the eginning of each meeting. For the record, those answering the roll at lat time will constitute the Delegates in attendance for that meeting. o substitutions for Delegates will be made after roll call, except by equest of the floor chairman of the delegation concerned.

Floor Chairman: District delegations shall elect a floor chairman (unsets he is designated by the District Bylaws) and report their names to be Secretary prior to the second meeting of the House. The Floor Chairman will designate the delegates to comprise the delegation from his istrict for each meeting of the House of Delegates.

Seating of Delegates: Delegates are requested to seat themselves acording to the floor plan of the House. This will enable the Speaker to ecognize and identify any delegate who wants to speak.

Disposition of Reports: All reports will be referred to a reference ommittee by the Speaker of the House. The reference committee, after valuating a report, must advise the House to adopt, amend, postpone, or eject all resolutions presented in the report. If no resolutions are preented in the report, the reference committee will present the report to the House of Delegates with appropriate comments and a motion that he report be filed for information and printed in the Transactions. A eference committee may not 'pigeon hole' any item, but must refer to the House of Delegates for final action.

Resolutions

- 14. **Resolved**, that the agenda on pages iii and iv (blue sheets) be dopted as the official order of business for this session of the House of Delegates.
- 15. **Resolved**, that the list of referrals submitted by the Speaker of the louse of Delegates be approved.
- 16. Resolved, that the report of the Committee on Rules and Order adopted, and be it further

Resolved, that the report of the Committee on Rules and Order contitute the rules for the proper conduct of business at this session of the House of Delegates.

STATE PLANNING COMMITTEE FOR DENTISTRY PROGRESS REPORT—JUNE 1, 1968 THROUGH MAY 30, 1969

E. A. Pearson, Jr., chairman

EDWARD U. AUSTIN BENNIE D. BARKER JAMES W. BAWDEN AMOS S. BUMGARDNER T. G. COLLINS A. M. CUNNINGHAM WALTER H. FINCH, JR. J. HOMER GUION JOHN T. HUGHES JOSEPH M. JOHNSON ROY L. LINDAHL J. A. MENIUS

COLIN P. OSBORNE, JR.

The committee held three meetings during this year. The dental needs f the people of North Carolina have been identified and documented in report entitled "North Carolina Dental Society, Report of the Planning committee." This report completes the first objective of the Planning committee and is designated as Phase I of the committee's assignment. Phase II has been concerned with identifying needs of the profession

of dentistry in North Carolina and identification of all the dental resources within the state. Our committee has been divided into subcommittees and given special assignments to study and report on these objectives. Much of this work has been completed and the subcommittees' reports will be compiled and submitted later.

The committee is dedicated to the task of planning for dentistry and

will continue in the most effective manner possible.

Resolutions

This report is informational in nature and no resolutions are presented.



Coffee Break at the 113th Annual Session

Resolutions

SUBMITTED BY THE EXECUTIVE COMMITTEE

Executive Committee

JOINT ADVISORY COMMITTEE ON DENTAL EDUCATION

Background Statement. For a number of years the Department of mmunity Colleges has had an Advisory Committee on the Education of ental Auxiliary Personnel to assist the Department in the development such programs in the community colleges and technical institutes roughout the State of North Carolina. This Advisory Committee is oadly constituted and represents those people most knowledgeable in

e field of dental auxiliary training.

In recent months a major concern of the Advisory Committee and the ofession has been that the State provide a mechanism by which estabshment of all new dental education programs can be implemented in a ell coordinated and reasonably planned fashion in all institutions of gher learning throughout the State. The Advisory Committee has been a position to express its opinions about establishment of dental auxiliy education programs within the Community College system; but, of burse, has no relationship to those institutions which operate under the gis of the State Board of Higher Education. It also has not considered rograms at the D.D.S. or graduate level. Thus, dental education pro-ams could be established in one area of our higher education system ithout coordination and consultation with the other major component the system. Such circumstances could well lead to ill-advised patterns program establishment and less than efficient utilization of the State's

Consequently, it is urgent that the State Board of Higher Education and e State Board of Education establish a Joint Advisory Committee on ental Education for the purpose of considering establishment and delopment of all such programs throughout the entire higher education stem in North Carolina. The joint committee would submit its recom-endations and deliberations to both boards and the agencies under their pervision directly concerned. It would also expand its considerations to

clude all dental education programs.

The present Advisory Committee would continue to function as it has owever, some duplication would occur and it would seem advisable absorb the present committee function into the proposed joint activity. ich an arrangement would substantially improve the potential for deloping a system of dental education which is carefully planned and ographically distributed to best meet the needs of the citizens of North

arolina.

On May 11, 1969, the Executive Committee voted to recommend that the House of Delegates adopt the following resolution:

31. Resolved, that the North Carolina Dental Society urge the Stat Board of Higher Education and the State Board of Education to establisl a Joint Advisory Committee on Dental Education to coordinate the estab lishment and development of all dental education programs throughou the entire higher education system in North Carolina.

Executive Committee

HONORARY MEMBERSHIPS

The Executive Committee presents the following resolution for adoption by the House of Delegates:

26. **Resolved,** that in accordance with Chapter IV, Section 2 of the *Bylaws*, the following be elected to honorary membership in the North Carolina Dental Society:

Harry M. Klenda, D.D.S., Wichita, Kansas, President-Elect, American Dental Association

Ralph W. Phillips, M.S., D.Sc., Research Professor of Dental Materials

Indiana School of Dentistry

Kermit K. Knudtzon, D.D.S., Professor of Practice Administration and Dental Science, School of Dentistry, University of North Carolina

Executive Committee

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DUES INCREASE

Background information. Inflationary pressures have caused an overall rise in operating costs of the Society in the past nine years since the last dues increase. Reserve funds are and were at a sub-optimal level necessitating a resolution in the House of Delegates two years ago that the Society would henceforth incur no new liabilities but only appropriate funds for expenditures which were absolutely necessary. This year the reserve will have to be invaded for legal and other expenses incident to the work of the Dental Practice Act Committee. At the next legislature we will have the expense of putting a major revision of the act through

The Central Office has expanded physically in size and numerically in staff from nine years ago. Salaries have and will have to be adjusted to reflect the increased cost of living if we are to remain competitive in our staff of the competitive in our sta

salary structure.

Annual Session expenses, particularly clinician costs are on the rise and must be met if we are to attract the top clinicians for our meetings.

Resolution

27. **Resolved**, that the words and figures "thirty-five (\$35.00)" be a deleted from the first sentence of Section 1, Article VI of the *Bylaws* and the words and figures "fifty-five (\$55.00)" be substituted therefor.

Report of Delegation To A.D.A.

ERBIE M. MEDLIN (1970), Chairman
EDWARD U. AUSTIN (1971)
RALPH D. COFFEY (1971)
PAUL E. JONES (1969)
ROY L. LINDAHL (1969)
COLIN P. OSBORNE, JR. (1969)

Article V, Section 3 of the *Constitution* requires that the delegates to he American Dental Association elect a chairman at least 60 days prior o the convening of the House of Delegates of the American Dental Association, and that the chairman submit a report to the Society at the text annual meeting.

Officers Elected. In compliance with the Constitution the delegates met n Monday, May 6, 1968 and elected the following officers: Erbie M. Iedlin, chairman; Ralph D. Coffey, vice chairman; and Roy L. Lindahl, ecretary.

Representation in Miami Beach. All delegates attended the 109th Anual Meeting of the American Dental Association in Miami Beach, Ocober 27-31, 1968.

Also in attendance were Andrew M. Cunningham, Executive Secretary nd the following alternate delegates: Drs. Frank G. Atwater, A. Breece Breland, Joseph M. Johnson, George F. Kirkland, Jr., and James H. Lee.

North Carolina Caucus. The delegation met in caucus on Sunday, Ocober 27 at 7:30 a.m. in the North Carolina Headquarters Suite in the iden Roc Hotel. The caucus was convened 30 minutes earlier than the ustomary time to permit the members of the delegation to fulfill other ommitments during the day. A continental breakfast was served.

All delegates attended the caucus. In addition the Executive Secretary nd the following alternates were present: Drs. Johnson and Kirkland. Dr. James A. Bawden, Dean, UNC School of Dentistry was a guest at

he caucus.

Resolution 24 submitted by North Carolina requesting the ADA to escind its approval of the publication *How to Protect Dental Health Vhile Enjoying Candy* published by the National Confectioners Association was the main topic of discussion. It was noted that the Board of rustees had recommended that the resolution be postponed indefinitely. Strategy was developed to win sufficient support in the House to adopt he resolution. Dr. Lindahl was appointed to speak in behalf of the resolution at the Fifth District Caucus, the appropriate reference committee, nd on the floor of the House.

Assignments of delegates and alternates to Reference Committees by

the chairman of the Fifth District were reviewed and confirmed as follows: Drs. Medlin and Johnson, Dues Increase; Dr. Coffey, Miscellaneous Business; Dr. Jones, Legislation and Judicial Procedures; Dr. Osborne, Dental Laboratory Relations; Drs. Lindahl, Austin and Lee, Public Health; Dr. Kirkland, President's Address and Administrative Affairs.

Fifth District Caucuses. Two caucuses of the Fifth Trustee District were held. At the caucus on Monday, October 28 at 7:30 a.m., all delegates, the Executive Secretary, and the following alternates were present: Drs. Johnson, Kirkland and Lee. Dean Bawden was a guest of North Carolina at the caucus.

Assignments of delegates and alternates to observe and report on Ref-

erence Committee hearings were announced and reviewed.

The Florida delegation consumed a good part of the time presenting

arguments for a resolution on dental education.

The North Carolina resolution requesting the ADA to rescind its approval of the publication *How to Protect Dental Health While Enjoying Candy* published by the National Confectioners Association was unani-

mously endorsed.

It came to light that many delegates with confirmed reservations at the headquarters hotel were refused rooms. There were 36 delegates in the Fifth District alone whose confirmed reservations were not honored. It is the common practice of convention hotels to overbook to compensate for "no show" reservations. Apparently the hotel was unaware of the faithfulness of dental delegates in fulfilling their obligations as representatives of their constituent societies. A resolution was adopted for consideration by the House of Delegates to safeguard priorities of delegates and constituent society officials for rooms at the Headquarters hotel at future meetings of the ADA.

At the caucus on Wednesday, October 30 at 7:30 a.m., all delegates, the Executive Secretary, and the following alternates were present: Drs. Johnson and Lee. Dean Bawden and Dr. E. A. Pearson, Jr., director of Dental Health Division, North Carolina State Board of Health were guests

of North Carolina at the caucus.

Reports on Reference Committee hearings were presented.

Reference Committees. All delegates and alternates faithfully attended Reference Committee hearings which were held all day on Tuesday, October 29. Those assigned by the Chairman of the Fifth District included: Dr. Medlin and Dr. Johnson, Dues Increase; Dr. Jones, Legislation and Judicial Procedures; Dr. Coffey, Miscellaneous Business; Dr. Osborne, Dental Laboratory Relations, Drs. Lindahl, Austin and Lee, Public Health; Dr. Atwater, Dental Education and Hospitals; Dr. Kirkland, President's Address and Administrative Affairs.

House of Delegates. All six delegates attended three sessions of the House of Delegates on Monday, October 28; Wednesday, October 30; and Thursday, October 31. Seated with the delegation at all three sessions were the Executive Secretary and the Secretary-Treasurer.

We are happy to report that the North Carolina resolution requesting the ADA to rescind its approval of the publication *How to Protect Dental Health While Enjoying Candy* published by the National Confectioners

Association was adopted.

Drs. Lindahl, Lee, Austin and Medlin appeared before the Reference Committee in behalf of this resolution. The Reference Committee, in spite of this excellent testimony, recommended that the resolution be postponed indefinitely. However, under the capable leadership of Dr Lindahl on the floor of the House, the resolution was adopted by a substantial majority.

A resolution by the Board of Trustees requesting a dues increase of \$20 was rejected 274 to 140, two votes short of the necessary two-thirds vote. Subsequently, a motion to reconsider was adopted and motion to raise dues \$10 was defeated. Finally, a resolution raising the dues \$15 was adopted. Thus ADA dues will be \$55 annually, effective January 1,

1969.

In other actions the House adopted a resolution on licensure and resoution on continuing education which read:

Resolved, that constituent dental societies, in consultation with state oards of dentistry, are urged to develop mechanisms to insure the con-inued education of all dentists licensed in their jurisdiction.

A resolution on radiation hygiene was also adopted which amended

ADA policy on radiation hygiene to read as follows:

Radiographic examination is a diognostic procedure. The dentists' proessional judgment should determine the frequency and extent of each adiographic examination.

Election of Officers and Trustees. Dr. Harry Klenda of Wichita, Kansas vas elected president-elect.

Dr. Arthur W. Kellner of Hollywood, Florida was elected for a second erm as trustee of the Fifth District.

Dr. Hubert A. McGuirl of Providence, R. I., was installed as the 105th resident of the ADA at the closing session of the House of Delegates.

Comment. The meeting was successful from every standpoint with a ecord attendance for a Miami Beach meeting of 19,666.

Resolutions

This report is informational in nature and no resolutions are presented.

Dental Subcommittee North Carolina Regional Medical Program

JAMES W. BAWDEN, Chairman EDWARD U. AUSTIN BEN D. BARKER ANDREW M. CUNNINGHAM WALTER H. FINCH, JR. COLIN P. OSBORNE, JR. E. A. PEARSON, JR. DONALD W. WARREN PHILIP W. WEBSTER

The Dental Subcommittee was appointed and became functional in 1967 when it was deemed that there was a general need for a role for dentistry in the management of patients presenting with one of six categorical diseases; heart, stroke, cancer, renal, diabetes, and hemorrhagic disease. This committee submitted a grant application to the North Carolina Regional Medical Program requesting funds to support a continuing education program embracing comprehensive care for these patients. The application was approved and funded in May, 1968 and became opera-

tional in September, 1968.

The project entails an extensive continuing education program to be instituted in six pilot community hospitals in North Carolina. Courses will be instituted to provide the dentist with the most current information on the diagnosis, clinical management, and follow-up care for the general medical management of patients presenting any of these six diseases. Continuing education courses will be provided for the physician in order to stimulate his appreciation for attention to the problems of oral disease and courses will be offered to combined groups of physicians and dentists to deal with the specifics of cooperative patient management. Courses will also be provided in the community hospital to increase the number of dental practitioners in the community who are thoroughly familiar with the rules, regulations, and protocol of that hospital.

Drs. Don Marbry and Webb McCracken joined the project in Septem-

ber, 1968 as Director and Associate Director and are presently implementing the planning phase of the project. This planning phase is scheduled to continue until Fall 1969, at which times the actual implementation of

courses will begin.

The project is receiving continuous evaluation in terms of interim objectives during the planning phase from periodic review by the Dean of the School of Dentistry, and members of the Dental Subcommittee, which is continuing as an advisory group to the project.

Resolutions

This report is informational in nature and no resolutions are presented.

Resolutions

ADOPTED BY 1969 House of Delegates

1-1969-H. Resolved, that in accordance with Chapter IV, Section 2 of the Bylaws, the following be elected to honorary membership in the North Carolina Dental Society:

Harry M. Klenda, D.D.S., Wichita, Kansas, president-elect, American **Dental Association**

Ralph W. Phillips, M.S., D. Sc., research professor of dental materials,

Indiana School of Dentistry

Kermit K. Knudtzon, D.D.S., professor of practice administration and dental science, School of Dentistry, University of North Carolina

2-1969-H. Resolved, that the study of the dental laws of North Carolina be continued by the committee and sub-committees as now constituted.

3-1969-H. Resolved, that the revisions in the dental laws of North Carolina recommended by the sub-committee on Dental Hygiene be approved in principle with the following exceptions:

1. Change paragraph 'a' under Section 90-232 to read: "A dental hygienist may practice under the direct supervision of one or more li-

censed dentists in:"

2. Change paragraph 'b' under Section 90-232 to read: "A dentist in private practice may employ more than one dental hygienist at one and the same time when permitted by the rules and regulations of the Board

of Dental Examiners."

3. Delete paragraph 'd,1' under Section 90-232 delete "ten (10) days" and substitute therefor "thirty (30) days," so that it shall read: "The accepted rule change must be (1) filed with the appropriate State agency, the Secretary of State, and (2) a copy distributed to the licensed dentists and dental hygienists within thirty (30) days of final approval by the Board.'

5. In the paragraph "Further Revisions" under Section 90-232 delete 1 and 2 so that it shall read: "The committee contemplated that these recommendations would increase the responsibilities as well as the work of the Board. Consideration should be given to employing an executive secretary to be responsible for administration of the policies of the

Board.'

4-1969-H. Resolved, that the recommendations contained in the report of the sub-committee on Specialty Licensure be approved, and be it further resolved, that the said recommendations be submitted to the Society's legal counsel and that he be requested to prepare them in proper legal and statutory language, and be it further

Resolved, that the recommendations as prepared by legal counsel be submitted to the Legislative Committee for enactment by the General As-

sembly into the General Statutes of North Carolina.

5-1969-H. Resolved, that a new section be added to the General Statutes of North Carolina providing provisional licenses to read as follows:

90-29.4 Provisional License. (a) The Board shall, subject to its rules and regulations, issue provisional license to practice dentistry to any person who is licensed to practice dentistry anywhere in the United States or in any country, territory or other recognized jurisdiction, if the Board shall determine that said licensing jurisdiction imposed upon said person requirements for licensure no less exacting than those imposed by this State. A provisional licensee may engage in the practice of dentistry only in strict accordance with the terms, conditions and limitations of his license and with the rules and regulations of the Board pertaining to provisional license.

(b) A provisional license shall be valid until the date of the announcement of the results of the next succeeding Board examination of candidates for licensure to practice dentistry in this State, unless the same shall

be earlier revoked or suspended by the Board.

(c) No person who has failed an examination conducted by the North Carolina State Board of Dental Examiners shall be eligible to receive a

provisional license.

(d) Any person desiring to secure a provisional license shall make application therefor in the manner and form prescribed by the rules and regulations of the Board and shall pay the fee prescribed in Section 90-39 of this Article.

(e) A provisional licensee shall be subject to those various disciplinary measures and penalties set forth in Section 90-41 upon a determination of the Board that said provisional licensee has violated any of the terms

or provisions of this article.

- 6-1969-H. Resolved, that Section 90-41.1 be amended by inserting the words "provisional licensee" after the word licensee in the first sentence so that it shall read: "Every licensee, provisional licensee or applicant...."
- **7-1969-H. Resolved**, that the recommendations submitted by the subcommittee on Dental Assisting and approved by resolution 8-1968-H. of the House of Delegates be amended to read as follows:
- I. Based upon education, training, and experience, dental assistants shall be categorized as a Category I or a Category II Dental Assistant.

II. Definitions:

- A. A Category I Dental Assistant is a Dental Assistant who has not completed an education and training program accredited by the Council on Dental Education of the American Dental Association, or one who is not certified by the Certifying Board of the American Dental Assistants Association, or one who is not eligible for certification by the Certifying Board of the American Dental Assistants Association, or who has not been employed as a Dental Assistant for at least three (3) years prior to January 1, 1973; provided, further, that any person initially employed as a Dental Assistant on or subsequent to January 2, 1970, without first completing an education and training program accredited by the Council on Dental Education of the American Dental Association shall be and remain a Category I Dental Assistant until such time as said persons shall be eligible for certification by the Certifying Board of the American Dental Assistants Association.
- B. A Category II Dental Assistant shall be a Dental Assistant who has completed an education and training program accredited by the Council on Dental Education of the American Dental Association, or is currently certified by the Certifying Board of the American Dental Assistants Association. or is eligible for certification by the Certifying Board of the American Dental Assistants Association, or who has been employed as a Dental Assistant for at least three (3) years prior to January 1, 1973.

III. Functions of Dental Assistants:

A. Category I Dental Assistant. The Category I Dental Assistant may do and perform those functions, generally ascribed to Dental Assistants

such as office upkeep, reception, telephone and appointment services, business management, and laboratory procedures. A Category I Dental Assistant may also assist a licensed dentist in operatory procedures so long as the acts and function of said Dental Assistant in so doing do not constitute acts included within the definition of the practice of dentistry as set forth in the General Statutes of the State of North Carolina or in the rules and regulations of this Board.

Additionally, a Category I Dental Assistant may do and perform the following acts and functions, after adequate training and direction, under the direct control and supervision of a licensed dentist, which licensed dentist shall be personally and professionally responsible and liable for any and all results or consequences arising from the per-

formance of said acts and functions;

1. Take X-ray pictures of the mouth, gums, jaws, teeth, or any portion thereof for dental diagnostic purposes;

2. Apply topical fluorides directly to the teeth of any person or per-

sons whom said licensed dentist is treating;

- 3. Apply topical anesthetics and other topical medications within the oral cavity of any person or persons whom said licensed dentist is treating.
- B. Category II Dental Assistant. A Category II Dental Assistant may do and perform any and all acts or functions which may be done or performed by a Category I Dental Assistant. Additionally, a Category II Dental Assistant may do and perform the following acts and functions under the direct control and supervision of a licensed dentist, which licensed dentist shall be personally and professionally responsible and liable for any and all consequences or results arising from the performance of such acts and functions:

1. Remove sutures placed in the oral cavity;

Place and remove rubber dams within the oral cavity;

3. Remove excess cement from restorations placed in or upon the teeth of any person whom said licensed dentist is treating.

4. Remove and change periodontal packs and surgical dressings placed in the oral cavity of any person or persons whom said licensed dentist is treating: 5. Place temporary cements and temporary fillings, such as zinc oxide

preparations, calcium hydroxide preparations and temporary stopping, in cavity preparations made by said licensed dentist.

- IV. Statement of Intent. As Dental Assistants are trained and qualified to assume additional duties through courses approved by the North Carolina State Board of Dental Examiners, it is the intent and purpose of the Board to allow and permit additional functions and acts to be delegated to qualified Dental Assistants.
- 8-1969-H. Resolved, that the report of the sub-committee on Dental Assisting be referred to Society's legal counsel for clarification of language, and be it further

Resolved, that as so clarified it be referred through appropriate channels of the North Carolina Dental Society for consultation with the Board of Dental Examiners with the urgent request that it implement the report.

- 9-1969-H. Resolved, that dentists be urged to encourage qualified high school students and other individuals to pursue a career in dental hygiene and thereby keep all our schools of dental hygiene filled to capacity.
- 10-1969-H. Resolved, that the Executive Committee be authorized to allocate from its reserve funds a sum up to \$1,000.00 to acquire common stock in the insurance company which will be formed to operate in conjunction with the dental service corporation system.
- 11-1969-H. Resolved, that the Insurance Committee be authorized to accept the new group hospital-medical plan proposed by North Carolina Blue Cross and Blue Shield, Inc.

12-1969-H. Resolved, that the words and figures "thirty-five (\$35.00)" be deleted from the first sentence of Section 1, Article VI of the *Bylaws* and the words and figures "fifty (\$50.00)" be substituted therefor.

13-1969-H. Resolved, that Article I of the Bylaws be deleted and the following be substituted therefor:

ARTICLE I—DUTIES OF OFFICERS

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Section 1. The President shall preside at all meetings of this Society, preserve order, regulate debates, and appoint standing committees as provided in Article VII of the Constitution, and such other committees as may be deemed necessary. He shall give deciding vote on all ties, except in election of officers, when he shall have the same voting power and privileges as other members; call special meetings upon written request of a majority of the officers of the Society, including the Executive Committee and the Ethics Committee, and perform such other duties as may from time to time be assigned to him, and shall deliver an address at the opening session of the next annual meeting after assuming office. The recommendations which will be presented in the President's Address must be submitted by him to the Committee on the President's Address and to all members of the House of Delegates at least 15 days prior to the Annual Meeting.

Section 2. The President-Elect shall automatically become President upon the installation of officers at the next annual meeting after his election as President-Elect. He shall serve as Director of Districts.

Section 3. The Vice President shall assist the President as requested. He shall succeed to the office of President as provided in this Article of the *Bylaws*.

Section 4. The Secretary-Treasurer shall keep an accurate record of the proceedings of the meetings of the Executive Committee. He shall notify all officers and committeemen in writing of their election or appointment. He shall take charge of all letters and communications addressed to the Society and conduct its correspondence. He shall give due notice of the time and place of all annual and special meetings of the Society and of any committee when so requested by the President or committee chairmen.

He shall be responsible for the collection of dues owed to the district societies, the North Carolina Dental Society and the American Dental Association. He shall send to the Secretary-Treasurer of the district societies monies collected for district dues from their members. He shall transmit to the General Secretary of the American Dental Association, all monies collected for dues to the American Dental Association, plus one dollar (\$1.00) per active member to the American Dental Association Relief Fund. He shall settle all debts of the Society upon approval of the President.

He shall give bond in the amount of \$25,000.00 in a surety company licensed to do business in North Carolina, said bond to be at the expense of the Society, provided that the amount of said bond may be changed at the discretion of the Executive Committee and that the Chairman of the Executive Committee be designated as custodian of said bond.

He shall serve as custodian of the Trust Property of the North Carolina Dental Society Relief Fund under the direction of its Trustees consistent with the Trust Indenture and the rules and regulations adopted

thereunder.

The out-going Secretary-Treasurer shall make a detailed report of the financial affairs of the North Carolina Dental Society at the annual meeting of the Society for the year immediately preceding. He shall make an additional final report to the Executive Committee within thirty days

after the annual meeting, this to be published in the Proceedings. The books, vouchers, checks, stubs, and all papers having to do with the finances of the Society shall be delivered to the outgoing Executive Committee, who shall have them audited by a licensed C.P.A. at the expense of the Society and delivered to the incoming Executive Committee within two months from the adjournment of the annual meeting.

Section 5. The Editor-Publisher shall publish the annual proceedings within five months following the annual meeting, at least two Journals, and any other notices and publications the Executive Committee may deem necessary. He shall make a detailed report of the affairs pertaining to the publication of the Journal at the annual meeting of the North Carolina Dental Society for the year immediately preceding. He shall make an additional final report to the Executive Committee within thirty days after the annual meeting, this to be published in the Proceedings. The original records will be available for inspection by the Executive Committee whenever requested.

Section 6. In the event the office of President becomes vacant, the Vice President shall become President for the unexpired portion of the term.

In the event both the offices of President and Vice President become vacant, the President-Elect shall become President for the unexpired portion of the term, after which he shall serve a full term as President.

In the event the office of President-Elect becomes vacant, the President for the ensuing year shall be elected at the power annual continue of the

for the ensuing year shall be elected at the next annual session of the

Society in accordance with Chapter IX of the Bylaws.

A vacancy in the office of the Vice President or in the office of the Secretary-Treasurer shall be filled for the unexpired portion of the term by a majority vote of the Executive Committee.

14-1969-H. Resolved, that Article VI of the Bylaws be amended by adding a section to read as follows:

Section 11. Active members elected to active membership in this Society for the first time and who are elected after July 1 shall be exempt from dues for the remainder of the calendar year. However, they may voluntarily pay one-half (1/2) of the current year's dues.

15-1969-H. Resolved, that Article XII of the Bylaws be amended by deleting Section 2 and substituting the following therefor:

Section 2. The Executive Committee may reimburse delegates and alternate delegates to the American Dental Association, official representatives designated by the President to represent the Society at meetings and conferences, officers, and committee chairmen and members for outof-pocket expenses incurred in the proper execution of their duties.

16-1969-H. Resolved, that Article III, Section 2 of the Constitution be amended by deleting the entire first paragraph, and substituting the following therefor::

Section 2. Active membership shall consist of members of the dental profession who are licensed to practice in the State of North Carolina, or who are licensed in another state and are employed on a full time basis sa an educator in a dental school or as a dental officer by a Federal or State agency and who are members in good standing of a district or component society, of creditable professional attainments and of good moral character, having zeal for the profession and a proper regard for the varied obligations due from one member of the profession to another. Election to membership in a district or component society constitutes membership in the North Carolina Dental Society.

17-1969-H. Resolved, that Article VI of the Bylaws be amended by adding a section to read as follows:

Section 12. Members in good standing of another constituent society who transfer their membersip to this Society shall be exempt from dues for the remainder of the calendar year in which they are elected to active membership in this Society.

18-1969-H. Resolved, that Article II of the *Bylaws* be amended by deleting Section 7 and substituting the following therefor:

Section 7. Dental Care Programs Committee. This committee shall consist of five members, one from each District Society, appointed by the President for terms of five years, four years, three years, two years, and one year respectively, and thereafter one member shall be appointed annually for a term of five years.

The duties of this committee shall be:

partment of Administration.

(a) To formulate and recommend policies relative to the planning, administration, and financing of dental care programs.

(b) To study, evaluate, and disseminate information on the planning,

administration, and financing of dental care programs.

(c) This committee or a sub-committee of this committee shall serve as a review committee for dental care programs.

19-1969-H. Resolved, that the Executive Committee be authorized to appropriate sufficient monies from the reserve funds to complete payment for legal expenses incident to the work of the Dental Practice Act Committee if necessary to achieve a balanced budget for the fiscal year 1968-1969.

20-1969-H. Resolved, that the statement Use of Claim Forms By State Agencies be approved, and be it further

Resolved, that state agencies consider using the uniform report form ap-

proved by the American Dental Association, and be it further Resolved, that a copy of the statement be forwarded to the State De-

21-1969-H. Resolved, that the Review Committee determine the relevancy of the usual, customary, and reasonable fee for treatment procedures to the terms of the contract.

22-1969-H. Resolved, that the Dental Care Programs Committee represent the Society in an advisory capacity to the Insurance Commission of the State of North Carolina in dental health matters.

23-1969-H. Resolved, that paragraph 2 of Policies and Procedures of the Review Committee be changed to read:

The Dental Care Programs Committee shall also represent the Society to the State of North Carolina Insurance Commission in an advisory capacity on dental health insurance matters, and be it further

Resolved, that paragraph 5 under Submission Procedures for Review in Policies and Procedures of the Review Committee be amended to read:

- 5. The attending dentist or the insurance carrier shall be notified of the submission of his or their case to the Review Committee by the chairman and be given two weeks to submit to the committee additional information in writing or to indicate his or their desire to appear personally with additional information before the committee. He or they shall not remain with the committee during their final consideration.
- **24-1969-H. Resolved**, that the Dental Laboratory Relations Committee be encouraged to continue in its efforts to further the good relations now existing between the NCDS and NCDLA.
- **25-1969-H. Resolved**, that local dental society groups be encouraged to issue invitations to laboratory personnel within their respective areas, to attend clinics and seminars which would be of mutual benefit.

26-1969-H. Resolved, that omission of dental laboratory listings in the Yellow Pages of the telephone directories be encouraged.

27-1969-H. Resolved, that each district president be requested to appoint a committee to work with and under the state committee on Hospital Dental Service.

28-1969-H. Resolved, that it be made a matter of record that the following fid not pay 1968 dues by December 31, 1968, and have been dropped from the roll according to Article VI, Section 6 of the *Bylaws*:

First District-J. E. Hair Canton

Second District—Robert H. Libby, Charlotte; Curtis S. Reid, Winston-Salem; Roy W. Wilson, Charleston, S. C.

Third District — J. J. Wilson, High Point

Fourth District — Thomas H. Fetzer, Raleigh; John T. Fox,

Selma

Fifth District—W. B. Belois, Wilmington

29-1969-H. Resolved, that the North Carolina Dental Society urge the State Board of Higher Education and the State Board of Education to establish a Joint Advisory Committee on Dental Education to coordinate the establishment and development of all dental education programs throughout the entire higher education system in North Carolina.



Table Clinic at the 113th Annual Sessian

General Sessions

SUNDAY, MAY 11, 1969 Monday, May 12, 1969 WEDNESDAY, MAY 14, 1969 du Fou

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FIRST GENERAL SESSION

Sunday, May 11, 1969

Call to Order: The first general session of the 113th Annual Session of the North Carolina Dental Society was called to order by President Colin P. Osborne, Jr., at 8:45 p.m. Sunday, May 11, 1969 in the Cardinal Ballroom of The Carolina, Pinehurst. Dr. Newton Smith pronounced the invocation.

Introduction of Officers and Guests: President Osborne introduced the

following:

Officers: C. W. Poindexter, president-elect; Frank G. Atwater, Vice President; Joseph M. Johnson, secretary-treasurer: A. Breece Breland, editor-publisher; Ralph D. Coffey, speaker of the house. Executive Committee: James H. Lee, chairman; Lackey B. Peeler,

C. Z. Candler, George F. Kirkland, Jr.

Harold E. Maxwell, general chairman, 113th Annual Session.

Arthur W. Kellner, Hollywood, Florida, Trustee, Fifth District, American Dental Association.

Amos S. Bumgardner of Charlotte, a member of the Governor's Advisory Council on Comprehensive Health Planning.

Mr. Ken G. Beeston, vice president, North Carolina Blue Cross and

Blue Shield, Incorporated.

Officers of Allied Groups: Miss Joyce Sigmon, president, North Carolina Dental Assistants Association; Miss Mary Faith Manyak, Worcester, Massachusetts, president, and Mrs. Janelle Butler, Cayce, South Carolina, trustee, and Mrs. Louis J. Carow, III, executive director, American Dental Assistants Association; Mrs. Jackelyn K. Morris, president, North Carolina Dental Hygienists Association; Mrs. Lona Hulbush, president-lelect, and Mrs. Etta Mae Wirt, trustee, American Dental Hygienists Association; Mr. Carlton Newton, president, North Carolina Dental Laboratory Association: Mrs. L. P. Megginson president, North Carolina Dental tory Association; Mrs. L. P. Megginson, president, North Carolina Dental Auxiliary.

President Osborne presented to the audience his wife, Fran; his son, Colin; his daughters. Pamela, Becky and Elizabeth; and his Mother, Mrs.

Colin P. Osborne of Southern Pines.

Auxiliary Scrap Amalgam Drive: Mrs. C. Fred Clark, Jr., chairman, Amalgam Scrap Committee, North Carolina Dental Auxiliary, announced that the Auxiliary's 1968-69 Scrap Amalgam Drive netted \$5,071.29. She presented a check in that amount of Dr. G. Shuford Abernethy, president, Dental Foundation of North Carolina, Incorporated to establish the North Carolina Dental Auxiliary Fund to be administered by he Foundation. The Fund will be used to underwrite projects in dental ducation. Dr. Abernethy accepted the check with thanks in behalf of the 'oundation.

President's Report: President Osborne addressed the members and uests assembled. The report of the president was referred to the Comnittee on the President's Address composed of Edward U. Austin, chairnan, Cleon W. Sanders, and James A. Harrell.

Address by ADA President-Elect: Harry M. Klenda of Wichita, Kansas, resident-elect of the American Dental Association addressed the memers and guests assembled on the challenges facing the dental profession.

Honorary Membership: President Osborne presented certificates of ionorary memberships in the Society to: Dr. Harry M. Klenda, Wichita, Kansas; Dr. Ralph W. Phillips, Indianapolis, Indiana; and Dr. Kermit K. Knudtzon, Chapel Hill.

President Osborne bestowed the title of "Tar Heel" on Dr. Klenda

and Dr. Phillips and presented each of them with a Tar Heel pin.

Dental Foundation Report: Dr. G. Shuford Abernethy, president, Dental Foundation of North Carolina, Incorporated presented a report on the ctivities of the Foundation and announced future plans of the Foundaion for strengthening auxiliary personnel education in the community college system and the developing of a continuing education program in cooperation with community colleges, technical institutes, and the University.

Announcements: Dr. J. Harry Spillman, chairman of the Program Committee, urged the members to attend the scientific sessions on Mon-

day and Tuesday.

The executive secretary read telegrams from Miss Joyce Sigmon, president, North Carolina Dental Assistants Association and Dr. Hubert A. McGuirl, president, American Dental Association extending best wishes for a successful annual meeting.

The executive secretary reported that at 6:00 p.m. registration totalled

855, including 372 members.

Necrology Service: In the absence because of illness of Dr. Robert T. Byrd, chairman, Necrology Committee, Dr. David W. Seifert conducted a memorial service in memory of the following members who died during the past year:

First District: Marshall R. Barringer, Newton, December 7, 1968;

John F. Reece, Lenoir, December 10, 1968.

Fourth District: Livious D. Herring, Raleigh, May 14, 1968; W. Kemp Lindsay, Fayetteville, July 21, 1968; Thomas K. Smith, Fayetteville, September 30, 1968; Wilbert Jackson, Clinton, October 26, 1968; Robert P. Hamilton, Cary, December 15, 1968.

Fifth District: Wade H. Johnson, Plymouth, May 7, 1968; Clyde E. Minges, Rocky Mount, July 12, 1968; Joshua M. Kilpatrick, Robersonville, December 14, 1968; Vernon M. Barnes, Wilson, February 18, 1969; James W. Brown, Rich Square, March 9, 1969; Richard F. Hunt, Jr., Rocky Mount, March 16, 1969.

Adjournment: The meeting was adjourned at 10:45 p.m. with a moment of silent tribute to the deceased members.

SECOND GENERAL SESSION

Monday, May 12, 1969

Call to Order: The second general session of the 113th Annual Session of the North Carolina Dental Society was called to order by President Colin P. Osborne, Jr., at 8:35 p.m., Monday, May 12, 1969 in the Cardinal Ballroom of The Carolina, Pinehurst. Dr. Lawrence A. Cameron & pronounced the invocation.

Parliamentarian Appointed: President Osborne announced the appointment of W. D. Yelton as parliamentarian.

Caro ion.

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Recognition of Special Guests: President Osborne recognized Wade H. Breland, president-elect, National Board of Dental Examiners.

Report of Board of Dental Examiners: Dr. Freeman C. Slaughter, president, State Board of Dental Examiners reported on the Board's activities during the past year. He discussed the primary functions of the Board of and commented on the changes in the dental laws of North Carolina proposed by the Society's Dental Practice Act Committee.

Report from UNC School of Dentistry: Dean James W. Bawden presented a resume of activities at the University of North Carolina School of Dentistry during the past year and outlined future plans for the school.

Election of Officers: President Osborne appointed the following to serve as tellers: G. Shuford Abernethy, J. Malcolm McAllister and

W. Stewart Peery.

W. L. Hand, Jr., of New Bern was nominated for the office of president-elect by Thomas S. Fleming of Tarboro. The nomination was seconded by Thomas G. Collins of Raleigh, F. A. Buchanan of Henderson-ville, L. P. Megginson, Jr. of High Point, Henry S. Zaytoun of Raleigh, and Bennie D. Barker of Chapel Hill. On motion by Darden J. Eure of Morehead City, seconded by Dr. R. B. Barden of Wilmington, the nominations were closed and Dr. Hand was elected by acclamation.

Richard H. Graham of Lenoir was nominated for the office of vice president by M. M. Forbes of Lenoir. The nomination was seconded by Charles P. Godwin of Rocky Mount. On motion by S. Everett Moser of Gastonia, seconded by C. C. Diercks of Morganton, the nominations

were closed and Dr. Graham was elected by acclamation.

Joseph M. Johnson of Laurinburg was nominated to succeed himself as secretary-treasurer by Mitchell W. Wallace of Fayetteville. The nomination was seconded by George F. Kirkland, Jr., of Durham, and J. Harry Spillman of Winston-Salem. On motion by Burke W. Fox of Charlotte, seconded by J. Fred Sproul of Goldsboro, the nominations were closed and Dr. Johnson was elected by acclamation.

Paul E. Jones of Farmville was nominated to succeed himself as a delegate to the American Dental Association for a term of 3 years by Z. L. Edwards, Jr., of Washington. The nomination was seconded by

Frank E. Gilliam of Burlington.

Roy L. Lindahl of Chapel Hill was nominated to succeed himself as a delegate to the American Dental Association for a term of 3 years by Glenn F. Bitler of Raleigh. The nomination was seconded by Moultrie H. Truluck of Asheville and William A. Current of Gastonia.

Pearce Roberts, Jr., of Asheville was nominated as a delegate to the American Dental Association for a term of 3 years by Cecil A. Pless, Jr., of Asheville. The nomination was seconded by Norman F. Ross of Durham.

Frank O. Alford of Charlotte was nominated as a delegate to the American Dental Association for a term of 3 years by H. Royster Chamblee of Raleigh. The nomination was seconded by J. Homer Guion and Amos S. Bumgardner of Charlotte, and J. T. Lasley of Greensboro.

On motion by Milton V. Massey of Brevard, seconded by John E. Moses of Charlotte and Paul Fitzgerald, Jr., of Raleigh the nominations were closed and a vote by secret ballot was conducted to elect 3 delegates to the American Dental Association.

As a result of the secret ballot the following were declared elected as delegates to the American Dental Association for terms of three years: Paul E. Jones, Roy L. Lindahl, and Pearce Roberts, Jr.
On motion by Frank O. Alford, severally seconded unanimous ballots were cast for Drs. Jones, Lindahl and Roberts.

Selection of Site for 1971: The executive secretary read letters from ne Winston-Salem Convention Center and The Carolina, Pinehurst, initing the Society to hold its 1971 annual session in these communities. On motion by S. Byron Towler, seconded by W. L. Hand, Jr., The arolina in Pinehurst was selected as the site for the 115th Annual Sesion, May 9-12, 1971.

Announcements: The executive secretary read communications extendng best wishes for a successful annual meeting from: Dr. John M. Deines, seattle, Washington; G. C. Stowe, Jr., Charlotte; Robert F. Bason, presilent, Florida Dental Association; Luther R. Medlin, president, Guilford lechnical Institute; Mrs. Mildred Pridgen, Fayetteville.

The executive secretary reported that at 5:00 p.m. registration totalled ,804, including: 664 members; 316 Auxiliary Members; 172 exhibitors; 79 dental hygienists; 231 dental assistants; 35 students; and 207 guests.

Adjournment: The meeting was adjourned at 11:05 p.m.

THIRD GENERAL SESSION

Wednesday, May 14, 1969

Call to Order: The third general session of the 113th Annual Session of the North Carolina Dental Society was called to order at 11:40 a.m. by President Colin P. Osborne, Jr., in the Cardinal Ballroom of The Carolina, Pinehurst. S. Byron Towler pronounced the invocation.

Report of Clinic Committee: Jack E. Silvers, chairman, Clinic Committee thanked the men and women who presented the 21 table clinics and reported that the following table clinics had been selected for presentation at the American Dental Association Meeting in Miami, October 27-31, 1969:

"The Temporomandibular Joint," Donald C. Evans, Charlotte. "Immediate Full Denture Restorations," Frank E. Gilliam, Burlington.

Announcements: The executive secretary announced that the registration for the 113th Annual Session totalled 2,251 as follows:

Members	
First District	
Second District209	
Third District206	
Fourth District152	
Fifth District132	
Total Members	798
Visiting Dentists	147
Dental Auxiliary	366
Exhibitors	181
Dental Assistants	249
Dental Hygienists	187
Dental Laboratory Technicians	36
Dental Students	36
Community College Students	142
Guests	109
Grand Total	.251

Installation of Officers: President Osborne installed C. W. Poindexter as the new president and delegate to the American Dental Association. Dr. Poindexter recognized his father, Dr. C. C. Poindexter of Greensboro, who had been installed as president of the Society 29 years ago; his wife, Emma.

The new president then installed the following newly elected officers and delegates: W. L. Hand, Jr., president-elect; Richard H. Graham, vice president; Joseph M. Johnson, secretary-treasurer; Paul E. Jones, Roy L. Lindahl, and Pearce Roberts, Jr., delegates to the American Dental Association.

Dental Foundation Campaign: Dr. Norman F. Ross announced a campaign for funds would be conducted by the Dental Foundation of North Carolina Incorporated to meet critical and urgent needs in the training of auxiliary personnel. He urged Society members to support the campaign with liberal pledges.

Presidential Appointments: President Poindexter announced the following appointments:

Member of the Executive Committee for a term of three years and

chairman for 1969-1970: Charles W. Horton.

Speaker of the House for 1969-1970: Ralph D. Coffey.

Dorothy F. Cunningham Memorial Fund: President Poindexter paid tribute to Mrs. Dorothy F. Cunningham, wife of the executive secretary who died December 18, 1968, for her many years of devoted service to the Society. He announced that her many friends in the profession had established a Dorothy F. Cunningham Memorial Fund with the Dental Foundation of North Carolina, Incorporated in her memory and invited all who wished to do so, to participate in this Memorial.

Adjournment: The 113th Annual Session was adjourned *sine die* at 11:50 a.m.



NORTH CAROLINA DENTAL SOCIETY OFFICERS 1969-1970. From left to right: W. L. Hand, Jr., New Bern, president-elect; Colin P. Osborne, Jr., Lumberton, retiring president; Claibourne W. Poindexter, Greensboro, president; Richard H. Graham, Lenoir, vice president; Joseph M. Johnson, Laurinburg, secretary-treasurer.

Directory 1969-1970

President: Claibourne W. Poindexter.

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N. C. DENTAL LABORATORY ASSOCIATION OFFICERS

N. C. STATE BOARD OF DENTAL EXAMINERS

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Vice President: Richard H. Graham, Box 607Lenoir	28645
Secretary-Treasurer: Joseph M. Johnson, 426 King St Laurinburg	28352
Editor-Publisher: Benjamin R. Baker,	
2101 N. Heritage StKinston	28501
Associate Editor-Publisher: James A. Privette,	
2201 N. Heritage StKinston	
Speaker of the House: Ralph D. Coffey, P. O. Box 693Morganton	28655
Executive Secretary: Andrew M. Cunningham,	
P. O. Box 11065 Raleigh	27604

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Erbie M. Medlin (1970), Chairman
Edward U. Austin (1971) Ralph D. Coffey (1971)
Paul E. Jones (1972) Roy L. Lindahl (1972)
Claibourne W. Poindexter (1970)
Pearce Roberts, Jr. (1972)

ALTERNATE DELEGATES TO THE AMERICAN DENTAL ASSOCIATION

Benjamin R. Baker Richard H. Graham W. L. Hand, Jr. C. W. Horton Joseph M. Johnson James H. Lee

Colin P. Osborne. Jr.

STANDING COMMITTEES

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Annual Session: M. L. Cherry, chairman; John W. Girard, Jr., Vonnie B. Smith, J. Harry Spillman, J. H. Chesson.

Sub-Committees

Arrangements: J. Harry Spillman, chairman; James A. Harrell, William G. Schneider, Richard S. Hunter.

Clinics: E. N. Pridgen, chairman; Milton V. Massey, Frank H. Daniel, Galen W. Quinn, Wayne C. Anderson.

Commercial Exhibits: James E. Furr, chairman; (members appointed by the chairman as necessary).

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Monitor: Jack W. Girard, Jr., chairman; W. Kenneth Young, Edward C. Schiebel, Lynn H. Smith, Albert P. Cline, Jr., Joe B. Craig, William E. Crow, Graham A. Page, June H. Stallings, Jr., M. Stevenson Thurston, Daniel U. Cregar, Jr.

Auxiliary: Robert H. Gainey

Program: Vonnie B. Smith, chairman; W. A. Current, John R. Wheless, Cecil A. Pless, Zeno L. Edwards, Jr.

Publicity: L. P. Megginson, chairman; (Members appointed as necessary by the chairman).

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Sports. William W. Ellis, chairman; T. R. Oldenburg, H. Wilson Shoulars, Jr.

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Sub-Committees

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Blue Cross: Franklin E. Martin, chairman; Edward U. Austin, Joseph E. Campbell, T. S. Fleming, Frederick G. Hasty.

Industrial Commission: Samuel B. Towler, chairman; Newton Smith, Charles W. Surles, Jr.

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- ETHICS: Darden J. Eure, chairman (71); Elliot R. Motley (70), Newon Smith (72), W. L. T. Miller (73), Samuel H. Isenhour (74).
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- (NSURANCE: J. S. D. Nelson, chairman (73); William A. Mynatt (70), Derwood L. Ashworth (74), John S. Dilday (71), Donald L. Henson (72).
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- **PUBLIC RELATIONS:** L. P. Megginson, chairman; R. A. Carnevale, Max W. Carpenter, Darden J. Eure, Jr., Kenneth D. Owen.
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SPECIAL COMMITTEES

DENTAL PRACTICE ACT: Fay H. Culbreth, chairman; Robert B. Litton, Frank O. Alford, Roger E. Barton, Thomas M. Hunter, Milton H. Barnes.

Sub-Committees

- Dental Assisting: Bennie D. Barker, chairman; Roger E. Barton, Miss Edna Zedaker.
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1858	*B. F. Arrington	1922-23	*S. R. Horton	
1866	*B. F. Arrington	1923-24		Vice
1875-76	*B. F. Arrington	1924-25	J. A. MCCIUIIS	Secr Ass'i
1876-77	*V. E. Turner	1925-26	*H. O. Lineberger	Trea
1877-78	*J. W. Hunter	1926-27	*H. O. Lineberger B. F. Hall *E. B. Howle	Past
	*E. L. Hunter			18
	*D. E. Everitt		I. R. Self	
	*Isaiah Simpson		*J. H. Wheeler	
	*M. A. Bland		Paul E. Jones	١.
	*J. R. Griffith		*Dennis Keel	Pre
	*W. H. Hoffman		Wilbert Jackson	2
	*J. H. Durham		*Ernest A. Branch	Pre
1885-86	*J. E. Matthews		*L. M. Edwards	Vio
1886-87	*B. H. Douglas	1935-36	*Z. L. Edwards	Re
	*T. M. Hunter		*D. L. Pridgen	I C
	*V. E. Turner		J. F. Reece	Co
	*S. P. Hilliard	1938-39	G. Fred Hale	m.
1890-91	*H. C. Herring	1939-40	F. O. Alford	Tr Hi
1891-92	*C. L. Alexander	1940-41	*C. M. Parks	Pa
	*F. S. Harris	1941-42		П
	*C. A. Rominger	1942-43	*Paul Fitzgerald	r
	*H. D. Harper	1943-44	*Clyde E. Minges	b.
1895-96	*R. H. Jones	1944-45	O. C. Barker	X.
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1897-98	*H. V. Horton	1947-48	R. M. Olive	P
1898-99	*C. W. Banner			P P V S
	*A. C. Liverman	1949-50	Walter T. McFall	Ť
	*E. J. Tucker	1950-51	A. S. Bumgardner	8
	*J. S. Spurgeon		*R. Fred Hunt	u
1902-03	*J. H. Benton		*A. C. Current	X.
1903-04	*J. M. Fleming		Neal Sheffield	н.
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1912-13	*R. G. Sherrill		E. D. Baker	
1913-14	*C. F. Smithson		S. Byron Towler	И
1914-15	*J. A. Sinclair			16
1915-16	*I. H. Davis	1964-65	Darden J. Eure	
	*R. O. Apple		Pearce Roberts, Jr.	
	*R. M. Squires		J. H. Guion	
	*J. N. Johnson		eorge F. Kirkland, Jr.	
1919-20	W. T. Martin	1968-69	Colin P. Osborne, Jr.	
* Deceased.		1969-70		

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		SEMI-ANNU	JAL RATES		
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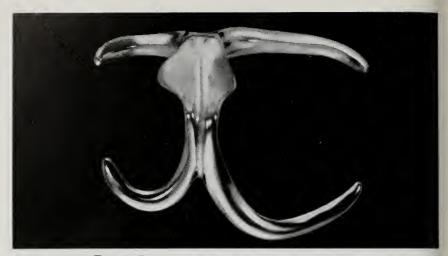
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